| Case 16-01445 Doc 1                             | Filed 01/18/16                             | Entered 01/18/16 16:42:17 | Desc Main                          |
|---|--|---------------------------|------------------------------------|
| Fill in this information to identify your case: |  | age 1 of 70               |                                    |
| United States Bankruptcy Court for the:         |  |                           |                                    |
| Northern District of: Illinois (State)          |  |                           |                                    |
| Case number (if known)                          | Chapter you are filing under:              |                           |                                    |
|   | Chapter 7 Chapter 11 Chapter 12 Chapter 13 |                           | Check if this is an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself   |                            |   |
|---|----------------------------|---|
|   | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. Your full name   | Monique                    |   |
|   | First name                 | First name                                    |
| Write the name that is on your government-issued                    | L                          |   |
| picture identification (for   | Middle name                | Middle name                                   |
| example, your driver's  | Thompkins                  | I colores                                     |
| license or passport   | Last name                  | Last name                                     |
| Bring your picture identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you  |                            |   |
| have used in the last   | First name                 | First name                                    |
| 8 years   |                            |   |
| Include your married or maiden names.                               | Middle name                | Middle name                                   |
| madernames.   | Last name                  | Last name                                     |
|   | First name                 | First name                                    |
|   | Middle name                | Middle name                                   |
|   | Last name                  | Last name                                     |
| 3. Only the last 4 digits of your Social                            | XXX - XX                   |   |
| Security number or  | OR                         | OR  |
| federal Individual<br>Taxpayer<br>Identification<br>number (ITIN)   | 9 xx - xx-                 | 9 xx - xx-                                    |

Moniqu**Case 16-01445** ∟Doc 1 Filed 01/11/86/11/6 Entered @1/41/8/166/166/42:17 Desc Main Debtor 1 Page 2 of 70 Document Document **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): 4. Any business names ✓ I have not used any business names or EINs. I have not used any business names or EINs. and Employer Identification Business name Business name Numbers (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names 5. Where you live If Debtor 2 lives at a different address: 1849 225th Street Number Street Number Street Chicago Heights Illinois 60411 State City Zip Code City State Zip Code Cook County County If your mailing address is different from the one above, fill If Debtor 2's mailing address is different from yours, fill it in it in here. Note that the court will send any notices to you at this here. Note that the court will send any notices to this mailing mailing address. address. Number Street Number Street City State Zip Code City State Zip Code 6. Why you are Check one: Check one: choosing this Over the last 180 days before filing this petition, I have lived district to file for Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. in this district longer than in any other district. bankruptcy I have another reason. Explain. (See 28 U.S.C. §§ 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.)

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| <u> </u> | 1011 the oddit Abo  | out lour Balikiu   | otoy ousc  |   |  |  |  |  |  |  |
|----------|---|--|--|---|--|--|--|--|--|--|
| 7.       | The chapter of the<br>Bankruptcy Code<br>you are choosing to<br>file under  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form B2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 Chapter 11 Chapter 12 Chapter 13 |  |   |  |  |  |  |  |  |
| 8.       | How you will pay the fee  | court for more pay with case behalf, your selection in the law, a judge of 150% of the installments)   | re details about how you mand h, cashier's check, or mone attorney may pay with a creattorney may pay with a creat y the fee in installments. In a Pay Your Filing Fee in Installment had been be waived (You may, but is not required to, official poverty line that approximation. | ay pay. Ty ey order dit card o  If you cho allments (C  may reque waive you blies to you you must | pically, if you a If your attorney reheck with a pose this option, Official Form 100 at this option or fee, and may bur family size a fill out the Apple | sign and attach the Application for  |  |  |  |  |
| 9.       | Have you filed for bankruptcy within the last 8 years?  | No.  Yes. District  District  District   | Northern District of Illinois  | When When When  | 6/28/2013<br>MM / DD / YYYY<br>MM / DD / YYYY  | Case number 13-26467  Case number Case number  |  |  |  |  |
| 10.      | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District   |  | WhenWhen  | MM / DD / YYYY  MM / DD / YYYY   | Relationship to you  Case number, if known  Relationship to you  Case number, if known |  |  |  |  |
| 11.      | Do you rent your residence?   | □ No.  | landlord obtained an eviction judgm<br>Go to line 12.  Fill out <i>Initial Statement About an I</i><br>this bankruptcy petition.   |   |  |  |  |  |  |  |

MoniquCase 16-01445 LDoc 1 Filed 01/128/126s Entered 01/18/16/16/42:17 Desc Main Debtor 1 Page 4 of 70 Document of the Document of th Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole ◪ No. Go to Part 4. proprietor of any full- or part-time Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. Chapter 11 of the If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow **Bankruptcy Code** statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). and are you a small business debtor? ◪ No. I am not filing under Chapter 11. For a definition of No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the small business debtor, Bankruptcy Code. see 11 U.S.C. § 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have ◪ No. any property that poses or is alleged Yes. What is the hazard? to pose a threat of imminent and identifiable hazard to public health or If immediate attention is needed, why is it needed? safety? Or do you own any property that needs immediate attention? Where is the property? For example, do you Number Street own perishable goods, or livestock that must be fed, or a building that needs urgent

repairs?

State

City

Zip Code

Debtor 1 MoniquCase 16-01445 LDoc 1 Filed 01/11.86/16 Entered 01/41.86/16 (11.66/142:17 Desc Main

t Name Middle Name

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Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

## **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this about credit bankruptcy petition, and I received a certificate of bankruptcy petition, and I received a certificate of counseling. completion. completion. Attach a copy of the certificate and the payment plan, if any, Attach a copy of the certificate and the payment plan, if any, The law requires that that you developed with the agency. that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling agency within the 180 days before I filed this counseling agency within the 180 days before I filed this counseling before you bankruptcy petition, but I do not have a certificate of bankruptcy petition, but I do not have a certificate of file for bankruptcy. completion. completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. If plan, if any. plan, if any. you cannot do so, you are not eligible to I certify that I asked for credit counseling services from I certify that I asked for credit counseling services from file. an approved agency, but was unable to obtain those an approved agency, but was unable to obtain those services during the 7 days after I made my request, and services during the 7 days after I made my request, and If you file anyway, exigent circumstances merit a 30-day temporary waiver exigent circumstances merit a 30-day temporary waiver of the requirement. of the requirement. the court can dismiss your case, you will To ask for a 30-day temporary waiver of the requirement, To ask for a 30-day temporary waiver of the requirement, lose whatever filing attach a separate sheet explaining what efforts you made to attach a separate sheet explaining what efforts you made to fee you paid, and obtain the briefing, why you were unable to obtain it before you obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required filed for bankruptcy, and what exigent circumstances required your creditors can you to file this case. you to file this case. begin collection activities again. Your case may be dismissed if the court is dissatisfied with Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for your reasons for not receiving a briefing before you filed for bankruptcy. bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your payment plan you developed, if any. If you do not do so, your case may be dismissed. case may be dismissed. Any extension of the 30-day deadline is granted only for cause Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental Incapacity. Incapacity. I have a mental illness or a mental deficiency that makes me incapable of deficiency that makes me incapable of realizing or making rational decisions realizing or making rational decisions about finances. about finances. Disability. My physical disability causes me to be Disability. My physical disability causes me to be unable to participate in a briefing in unable to participate in a briefing in person, by phone, or through the person, by phone, or through the internet, even after I reasonably tried to internet, even after I reasonably tried to Active duty. Active duty. I am currently on active military duty in a I am currently on active military duty in a military combat zone. military combat zone. If you believe you are not required to receive a briefing about If you believe you are not required to receive a briefing about

credit counseling, you must file a motion for waiver of credit

counseling with the court.

credit counseling, you must file a motion for waiver of credit

counseling with the court.

Page 6 of 70 Document of the Document of th **Answer These Questions for Reporting Purposes** 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded No. and administrative Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **√** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 5,001-10,000 50,001-100,000 50-99 do you estimate that 10,001-25,000 More than 100,000 you owe? 100-199 200-999 **✓** \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your assets \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion to be worth? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion estimate your \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion liabilities to be? \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. x /s/ Monique Thompkins Signature of Debtor 2 Signature of Debtor 1 Executed on 1/18/2016 Executed on MM / DD / YYYY MM / DD / YYYY

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Brenda Likavec 27224-64      |        |       | Date | 1/18/2016      |
|----------------------------------|--------|-------|------|----------------|
| Signature of Attorney for Debtor |        |       |      | MM / DD / YYYY |
| Brenda Likavec 27224-64          |        |       |      |                |
| Printed name                     |        |       |      |                |
| Semrad Law Firm                  |        |       |      |                |
| Firm name                        |        |       |      |                |
| Number                           | Street |       |      |                |
|                                  |        |       |      |                |
| City                             |        | State |      | Zip Code       |
| Contact phone                    |        |       |      | Email address  |
|                                  |        |       |      |                |

Doc 1 Filed 01/18/16 Entered 01/18/16 16:42:17 Desc Main Fill in this information to identify your case: Debtor 1 **Thompkins** Monique First Name Middle Name Last Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois (State) (If known) Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page. **Summarize Your Assets** Your assets Value of what you own 1. Schedule A/B: Property (Official Form 106A/B) \$0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$16,277.00 1b. Copy line 62, Total personal property, from Schedule A/B ...... \$16,277.00 1c. Copy line 63, Total of all property on Schedule A/B..... Summarize Your Liabilities Your liabilities Amount you owe 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$20,734.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$38.324.36 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$59,058.36 Your total liabilities Summarize Your Income and Expenses 4. Schedule I: Your Income (Official Form 106I) \$2,157.26 Copy your combined monthly income from line 12 of Schedule I.....

5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of Schedule J.....

\$1,647.00

Debtor 1 Monique Case 16-01445 L Doc 1 Filed 01/18/16 Entered 01/18/16 Answer These Questions for Administrative and Statistical Records

| Pai         | 4. Answer These Questions for Administrative and Statistical Records   |                              |     |  |  |  |  |  |  |  |
|-------------|--|------------------------------|-----|--|--|--|--|--|--|--|
| 6. /        | Are you filing for bankruptcy under Chapters 7, 11, or 13?   |                              |     |  |  |  |  |  |  |  |
|             | <ul> <li>No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.</li> <li>✓ Yes.</li> </ul>   |                              |     |  |  |  |  |  |  |  |
| 7. <b>\</b> | 7. What kind of debt do you have?  |                              |     |  |  |  |  |  |  |  |
|             | Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159. |                              |     |  |  |  |  |  |  |  |
|             | Your debts are not primarily consumer debts. You have nothing to report on this part of the this form to the court with your other schedules.  | form. Check this box and sub | mit |  |  |  |  |  |  |  |
| 8.          |  |                              |     |  |  |  |  |  |  |  |
| 9.          | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:   |                              |     |  |  |  |  |  |  |  |
|             |  | Total claim                  |     |  |  |  |  |  |  |  |
|             | From Part 4 on Schedule E/F, copy the following:   |                              |     |  |  |  |  |  |  |  |
|             | 9a. Domestic support obligations (Copy line 6a.)   | \$0.00                       |     |  |  |  |  |  |  |  |
|             | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$0.00                       |     |  |  |  |  |  |  |  |
|             | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$0.00                       |     |  |  |  |  |  |  |  |
|             | 9d. Student loans. (Copy line 6f.)   | \$0.00                       |     |  |  |  |  |  |  |  |
|             | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   |                              |     |  |  |  |  |  |  |  |
|             | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | \$0.00                       |     |  |  |  |  |  |  |  |
|             | On Total Add lines On through Of   | 00.00                        |     |  |  |  |  |  |  |  |

| Fill in this                                      | information to identify your case   |  | Filed UT/18/16  | <u> </u>  | .6 16:42:17 Des   | c Main   |
|---|---|--|---|---|---|--|
| Debtor 1  | Monique   | L  | Thom  | pkins   |   |  |
|   | First Name  | Middle N   | Name Last N   | lame  |   |  |
| Debtor 2<br>(Spouse,                              | if filing) First Name   | Middle N   | Name Last N   | lame  |   |  |
| United Sta  | ates Bankruptcy Court for the:  | Northern   | District of III   | linois<br>State)  |   |  |
| Case nun  | nber  |  | (1  | State)  |   |  |
| Officia   | al Form 106A/B  |  |   |   |   | Check if this is an amended filing   |
|   | dule A/B: Prope   | rtv  |   |   |   | 12/1   |
| n each ca<br>category v<br>esponsib<br>write your | ntegory, separately list and des<br>where you think it fits best. Be<br>ble for supplying correct infor<br>name and case number (if kn<br>Describe Each Residen | cribe items. List a<br>as complete and<br>mation. If more sp<br>own). Answer eve | l accurate as possible. I<br>pace is needed, attach a<br>ery question.                    | f two married people are<br>a separate sheet to this fo | filing together, both are eq<br>orm. On the top of any add                | ually  |
|   | u own or have any legal or eq   | uitable interest in  | any residence, building   | , land, or similar property                             | ?   |  |
|   | No. Go to Part 2 Yes. Where is the property?  |  |   |   |   |  |
| 1.1   | Street address, if available, or  | other description  | What is the property Single-family home   |   | the amount of any secure  | laims or exemptions. Put<br>ed claims on <i>Schedule D:</i><br>aims Secured by Property. |
|   |   |  | Condominium or co   | operative   | Current value of the entire property?                                     | Current value of the portion you own?  |
|   | Number Street  City State   | Zip Code   | Land Investment property Timeshare Other  |   | Describe the nature of interest (such as fee si the entireties, or a life | imple, tenancy by  |
|   |   |  | Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the co | •   | Check if this is co   | mmunity property   |
|   |   |  | Other information yo<br>property identification   | u wish to add about this i<br>n number:                 | tem, such as local  |  |
| If you  | own or have more than one, list h   |  | What is the property  Single-family home  | ? Check all that apply.                                 | the amount of any secure  | laims or exemptions. Put ed claims on <i>Schedule D:</i>                                 |
|   | Street address, if available, or  | other description  | Duplex or multi-uni   | operative   | Current value of the entire property?                                     | aims Secured by Property.  Current value of the portion you own?                         |
|   |   |  | Manufactured or m   | obile home  |   | <u> </u>   |
|   | Number Street  City State   | Zip Code   | Investment property Timeshare Other   | ,   | Describe the nature of interest (such as fee si the entireties, or a life | imple, tenancy by  |
|   |   |  | Who has an interest Debtor 1 only Debtor 2 only Debtor 1 and Debto At least one of the o  | lebtors and another u wish to add about this            | (see instructions)  |  |

| Debtor 1 Monique Case 16-01445 L Doc 1  |   | 6 ⁄46 i42: <u>17 Des</u>  | c Main  |
|---|---|---|---|
| 1.3Street address, if available, or other description                           | Documernation Page 11 of 70  What is the property? Check all that apply.  Single-family home Duplex or multi-unit building  Condominium or cooperative Manufactured or mobile home                  | Do not deduct secured of the amount of any secure Creditors Who Have Classification Current value of the entire property? | •   |
| Number Street  City State Zip Code  | Land Investment property Timeshare Other  | Describe the nature of interest (such as fee sinthe entireties, or a life of the entireties).                             | nple, tenancy by                                    |
|   | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Other information you wish to add about this item, | Check if this is con (see instructions)   | nmunity property                                    |
|   | property identification number: r all of your entries from Part 1, including any entries nere   |   |   |
|   | st in any vehicles, whether they are registered or not? I<br>also report it on Schedule G: Executory Contracts and Unex<br>rcycles  |   |   |
| 3.1 Make Chevrolet  Model: Cruze  Year:   | Who has an interest in the property? Check one.  Debtor 1 only  | Do not deduct secured of<br>the amount of any secure<br>Creditors Who Have Cla  | •   |
| Approximate mileage: 32000  Other information: 2015 Chevrolet Cruze 32000 miles | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this is community property (see   | Current value of the entire property?<br>\$15500.00   | Current value of the portion you own?<br>\$15500.00 |
| 3.2 Make  Model: Year: Approximate mileage:                                     | instructions)  Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only   | Do not deduct secured of the amount of any secure Creditors Who Have Cla  | •   |
| Other information:  | Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community property (see instructions)   | entire property?  | portion you own?                                    |

| Debtor 1 |   | Filed 01/18/16 Entered 01/18/16                        | 6 @42: <u>17 Des</u>   | c Main                     |  |  |
|----------|---|--|--|----------------------------|--|--|
|          | First Name Middle Name                            | Document Page 12 of 70                                 |  |                            |  |  |
| 3.3      | Make  | Who has an interest in the property? Check one.        | Do not deduct secured cl   |                            |  |  |
|          | Model: Year:                                      | Debtor 1 only  | the amount of any secured claims on Schedule D:<br>Creditors Who Have Claims Secured by Property |                            |  |  |
|          | Approximate mileage:                              |  | Croators with Have Claims Secured by Froperty.   |                            |  |  |
|          | ·· <u> </u>                                       | Debtor 2 only  | Current value of the   | Current value of the       |  |  |
|          | Other information:                                | Debtor 1 and Debtor 2 only                             | entire property?   | portion you own?           |  |  |
|          |   | At least one of the debtors and another                |  |                            |  |  |
|          |   | Check if this is community property (see instructions) |  |                            |  |  |
| 3.4      |   | Who has an interest in the property? Check             | Do not deduct secured cl   | •                          |  |  |
|          | Model:  | one.   | the amount of any secure   |                            |  |  |
|          | Year: Approximate mileage:                        | Debtor 1 only  | Creditors with mave Cia  | ims Secured by Property.   |  |  |
|          | Approximate mileage.                              | Debtor 2 only  | Current value of the   | Current value of the       |  |  |
|          | Other information:                                | Debtor 1 and Debtor 2 only                             | entire property?   | portion you own?           |  |  |
|          |   | At least one of the debtors and another                |  |                            |  |  |
|          |   | Check if this is community property (see instructions) |  |                            |  |  |
| 4.1      | Yes<br>Make                                       | Who has an interest in the property? Check             | Do not deduct secured cl   | aims or exemptions. Put    |  |  |
| 4.1      |   | Who has an interest in the property? Check             | Do not deduct secured cl   | •                          |  |  |
|          | Model: Year:                                      | one.  Debtor 1 only                                    | the amount of any secured claims on Schedule D.<br>Creditors Who Have Claims Secured by Propert  |                            |  |  |
|          | Approximate mileage:                              |  | Orcaliois villo Have Ola   | iins occured by 1 roperty. |  |  |
|          |   | Debtor 2 only  | Current value of the   | Current value of the       |  |  |
|          | Other information:                                | Debtor 1 and Debtor 2 only                             | entire property?   | portion you own?           |  |  |
|          |   | At least one of the debtors and another                |  |                            |  |  |
|          |   | Check if this is community property (see instructions) |  |                            |  |  |
| 4.2      | Make  | Who has an interest in the property? Check             | Do not deduct secured cl   | •                          |  |  |
|          | Model:  | one.   | the amount of any secure   |                            |  |  |
|          | Year: Approximate mileage:                        | Debtor 1 only  | Creditors who have Cia   | ims Secured by Property.   |  |  |
|          | Approximate mileage.                              | Debtor 2 only  | Current value of the   | Current value of the       |  |  |
|          | Other information:                                | Debtor 1 and Debtor 2 only                             | entire property?   | portion you own?           |  |  |
|          |   | At least one of the debtors and another                |  |                            |  |  |
|          |   | Check if this is community property (see instructions) |  |                            |  |  |
| 5. Add   | the dellar value of the portion you own for a     | all of your entries from Part 2, including any entries | for manage   |                            |  |  |
|          | i tile dollar value of tile portion you own for a | an or your entries from Fart 2, including any entries  | for pages  | 5500.00                    |  |  |

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First Name Middle Name 
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| Do you own or h   | ave any legal or equitable interest in any of the following items?  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|---|---|--|
| 6. Household goods  | s and furnishings<br>Dliances, furniture, linens, china, kitchenware  |  |
| No  | mances, furniture, interis, crima, kitorienware   |  |
| Yes. Describe   | Used Furniture  |  |
| Tes. Describe   | Osea r utilitare  | \$350.00   |
| •   | is and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music is; electronic devices including cell phones, cameras, media players, games  |  |
| <b>/</b> No   |   |  |
| Yes. Describe   |   |  |
| 8. Collectibles of va   | lua.  |  |
| Examples: Antiques stamp, co  | and figurines; paintings, prints, or other artwork; books, pictures, or other art objects;<br>pin, or baseball card collections; other collections, memorabilia, collectibles   |  |
| ✓ No  |   |  |
| Yes. Describe   |   | -  |
|   | ports and hobbies notographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes ks; carpentry tools; musical instruments  |  |
| <b>-</b>  |   |  |
| ∕ No  |   |  |
| Yes. Describe   |   |  |
| Yes. Describe  10. Firearms  Examples: Pistols, rif   | fles, shotguns, ammunition, and related equipment   |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif  No Yes. Describe  11. Clothes   | fles, shotguns, ammunition, and related equipment clothes, furs, leather coats, designer wear, shoes, accessories   |  |
| Yes. Describe  10. Firearms  Examples: Pistols, rif  No  Yes. Describe  11. Clothes  Examples: Everyday   |   | \$350.00   |
| Yes. Describe  10. Firearms Examples: Pistols, rif  No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe   | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   | \$350.00   |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   | \$350.00   |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,   | \$350.00   |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve  | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry                       |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car   | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry                       |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car   | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry                       |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car No Yes. Describe                                      | clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry                       |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif  No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car No Yes. Describe  14. Any other person               | Clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry  is ts, birds, horses |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif  No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car No Yes. Describe  14. Any other person               | Clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry  is ts, birds, horses |  |
| Yes. Describe  10. Firearms Examples: Pistols, rif  No Yes. Describe  11. Clothes Examples: Everyday No Yes. Describe  12. Jewelry Examples: Everyday gold, silve No Yes. Describe  13. Non-farm anima Examples: Dogs, car No Yes. Describe  14. Any other person Yes. Describe | Clothes, furs, leather coats, designer wear, shoes, accessories  Used Women's Clothing  jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, er  Women's Costume Jewelry  is ts, birds, horses |  |

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**Describe Your Financial Assets** 

| Do  | you own or have a                         | ny legal or equitable inte   | rest in any of the following   | g?                           | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|-----|---|--|--|------------------------------|--|
|     | ✓ No                                      | e in your wallet, in your home, in a sa  | afe deposit box, and on hand when yo   | ou file your petition  Cash: |  |
| 17. |   | =  | certificates of deposit; shares in crecints with the same institution, list each | _                            |  |
|     | ✓ Yes                                     |  | Institution name:  |                              |  |
|     |   | 17.1. Checking account:  | Chase  |                              | \$2.00   |
|     |   | 17.2. Checking account:  |  |                              |  |
|     |   | 17.3. Savings account:   | Chase  |                              | \$0.00   |
|     |   | 17.4. Savings account:   |  |                              |  |
|     |   | 17.5. Certificates of deposit:   |  |                              |  |
|     |   | 17.6. Other financial account:   |  |                              |  |
|     |   | 17.7. Other financial account:   |  |                              |  |
|     |   | 17.8. Other financial account:   |  |                              |  |
|     |   | 17.9. Other financial account:   |  |                              |  |
| 18. |   | or publicly traded stocks evestment accounts with brokerage elements.  Institution or issuer name: | firms, money market accounts   |                              |  |
|     |   |  |  |                              |  |
| 19. | an LLC, partnership, a                    |  | ed and unincorporated business   | es, including an interest in |  |
|     | Yes. Give specific information about them | Name of entity   |  | % of ownership:              |  |
|     |   |  |  |                              |  |

Moniqu Case 16-01445 L Doc 1 Filed 01/18/16 Entered 01/18/16 (1.6:42:17 Desc Main Document Page 15 of 70 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Yes. Give specific information about Issuer name: them.... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans **✓** No Type of account: Institution name: Yes. List each account separately. 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others **✓** No Institution name: Yes.... Electric: Gas: Heating oil: Security deposit on rental unit: Prepaid rent: Telephone: Water: Rented furniture: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **✓** No Issuer name and description: Yes....

| Debt | or 1     | Monique First Name                         | ase 1     | 6-01445   | L Doc 1<br>Middle Name             |               |                                    | Entered 01/18/18<br>Page 16 of 70 | 6 /146;42: <u>17</u>                  | Desc Main   |
|------|----------|--|-----------|---|------------------------------------|---------------|------------------------------------|-----------------------------------|---------------------------------------|---|
| 24.  |          |  |           | ation IRA, in a<br>), 529A(b), and                      |                                    | a qualified   | d ABLE progra                      | m, or under a qualified sta       | te tuition program.                   |   |
|      |          | No<br>Yes                                  | Instituti | on name and c   | description. Sep                   | parately file | the records of a                   | ny interests.11 U.S.C. § 521(     | (c):                                  |   |
| 25.  |          | rcisable fo                                | r your    |   | ts in property                     | (other tha    | an anything lis                    | ted in line 1), and rights or     | powers                                |   |
|      | Ц        | Yes. Desc                                  |           |   |                                    |               |                                    |                                   |                                       |   |
| 26.  | Еха      |  | net don   |   |                                    |               | intellectual proyalties and licens | operty<br>sing agreements         |                                       |   |
| 27.  |          |  | ding pe   |   | eneral intangil<br>e licenses, coo |               | ssociation holdin                  | igs, liquor licenses, professic   | onal licenses                         |   |
| Mor  | ney (    | or prope                                   | rty ov    | ved to you  | ?                                  |               |                                    |                                   |                                       | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28.  | Tax      | refunds ov                                 | ved to y  | /ou   |                                    |               |                                    |                                   |                                       |   |
|      |          | Yes. Give s<br>about<br>you a              | them, in  | nformation<br>ncluding wheth<br>led the returns<br>ears | er                                 |               |                                    |                                   | Federal: State: Local:                |   |
| 29.  |          | i <b>ily suppor</b><br><i>npl</i> es: Past |           | ump sum alimo   | ony, spousal su                    | oport, child  | support, mainte                    | nance, divorce settlement, pr     | operty settlement                     |   |
|      | <b>✓</b> |  | pecific i | nformation  |                                    |               |                                    |                                   | Alimony:  Maintenance:  Support:      |   |
|      |          |  |           |   |                                    |               |                                    |                                   | Divorce settlement Property settlemen |   |
| 30.  |          | <i>nples:</i> Unpa                         | aid wage  |   |                                    |               |                                    | pay, vacation pay, workers' co    | empensation,                          |   |
|      |          | No<br>Yes. Descr                           | be        |   |                                    |               |                                    |                                   |                                       |   |

| Deb  | tor 1    | MoniquCase 16 First Name                            | 6-01445          | L Doc 1<br>Middle Name |  | Entered @1/41/8/6<br>Page 17 of 70 | L6/1L6i42: <u>17</u>    | Desc        | <u> Main</u>   |
|------|----------|---|------------------|------------------------|--|------------------------------------|-------------------------|-------------|--|
| 31.  |          | rests in insurance mples: Health, disabi            |                  | rance; health          |  | edit, homeowner's, or renter       | r's insurance           |             |  |
|      |          | No<br>Yes. Name the insur<br>of each policy and lis |                  | ,                      | Company name:  |                                    | Beneficiary:            |             | Surrender or refund value:   |
| 32.  | If you   |   | of a living trus |                        | meone who has died<br>ceeds from a life insurance p      | policy, or are currently entitle   | d to receive            |             |  |
| 33.  |          |   |                  |                        | I have filed a lawsuit or mance claims, or rights to sue | ade a demand for paymer            | nt                      |             |  |
|      | <b>✓</b> | No<br>Yes. Describe                                 | . , ,            | ,                      |  |                                    |                         |             |  |
| 34.  |          | er contingent and et off claims                     | unliquidated     | claims of ev           | very nature, including co                                | unterclaims of the debtor          | and rights              |             |  |
|      | <b>✓</b> | No<br>Yes. Describe                                 |                  |                        |  |                                    |                         |             |  |
| 35.  | <b>✓</b> | financial assets you<br>No<br>Yes. Describe         | ou did not alre  | ady list               |  |                                    |                         |             |  |
| 36.  |          |   | -                |                        |  | es for pages you have att          |                         |             | \$2.00   |
| Part | 5:       | Describe Any B                                      | Business-R       | elated Pro             | operty You Own or Ha                                     | ave an Interest In. Lis            | st any real estat       | e in Pa     | art 1.   |
| 37.  | Do y     | ou own or have ar                                   | ny legal or equ  | uitable intere         | est in any business-relate                               | d property?                        |                         |             |  |
|      |          | No. Go to Part 6.<br>Yes. Go to line 38.            |                  |                        |  |                                    |                         | por<br>Do i | rent value of the<br>tion you own?<br>not deduct secured claims<br>xemptions |
| 38.  | <b>✓</b> | ounts receivable or<br>No<br>Yes. Describe          | commission       | s you alread           | ly earned  |                                    |                         |             |  |
| 39.  |          | ce equipment, furn<br>mples: Business-rela          |                  |                        | nodems, printers, copiers, fa                            | x machines, rugs, telephone        | s, desks, chairs, elect | tronic de   | vices  |
|      |          | No<br>Yes. Describe                                 |                  |                        |  |                                    |                         |             |  |

| Deb          | or 1 Monique ase 10                                   |   |   |                                     | <u>esc main</u>  |
|--------------|---|---|---|-------------------------------------|--|
| 40.          | First Name  Machinery, fixtures, eq                   | Middle Name<br>uipment, supplies you u              | Documethe Pa<br>se in business, and tools of yo | ge 18 of 70<br>ur trade             |  |
|              | <b>✓</b> No   |   |   |                                     |  |
|              | Yes. Describe   |   |   |                                     |  |
| 41.          | Inventory   |   |   |                                     |  |
|              | <b>✓</b> No   |   |   |                                     |  |
|              | Yes. Describe   |   |   |                                     |  |
| 42.          | Interests in partnershi                               | ps or joint ventures                                |   |                                     |  |
|              | ✓ No  |   | Name of antity                                  | % of ownership:                     |  |
|              | Yes. Give specific information about them             |   | Name of entity:                                 | /o Oi Ownership.                    |  |
| 43. <b>(</b> | Customer lists. mailing                               | lists, or other compilation                         | ons   |                                     |  |
|              | No  | ,   |   |                                     |  |
|              |   | clude personally identifiabl                        | e information (as defined in 11 U.S             | S.C. § 101(41A))?                   |  |
|              |   | , ,   | ·   | - , , ,                             |  |
|              | ☐ No<br>☐ Yes. Descr                                  | ihe   |   |                                     |  |
|              | _   |   |   |                                     |  |
| 44.          | Any business-related p                                | roperty you did not alrea                           | ady list  |                                     |  |
|              | <b>✓</b> No   |   |   |                                     |  |
|              | Yes. Give specific                                    |   |   |                                     |  |
|              | information   |   |   |                                     |  |
|              |   |   |   |                                     |  |
|              |   |   |   |                                     |  |
|              |   |   |   |                                     |  |
|              |   |   |   |                                     |  |
|              |   |   |   |                                     |  |
|              | dd the dollar value of al<br>art 5. Write that number | -   | art 5, including any entries for p              | ages you have attached              |  |
| Part         |   | arm- and Commerc<br>interest in farmland, list it i |   | erty You Own or Have an Interest In |  |
| 46.          | Do you own or have a                                  | ny legal or equitable inte                          | erest in any farm- or commercia                 | I fishing-related property?         |  |
|              | No. Go to Part 7. Yes. Go to line 47.                 |   |   |                                     | Current value of the portion you own? Do not deduct secured claims or exemptions |
| 47.          | Farm animals Examples: Livestock, pour                | ultry, farm-raised fish                             |   |                                     |  |
|              | <b>✓</b> No   |   |   |                                     |  |
|              | Yes. Describe   |   |   |                                     |  |

| Deb          | tor 1 MoniquCase 16 First Name                      | -01445 L Doc 3           |                                       | Entered @1/418/116/116:42:17 Page 19 of 70 | Desc Main    |
|--------------|---|--------------------------|---------------------------------------|--|--------------|
| 48.          | Crops-either growing of                             | r harvested              | Document                              | 1 age 13 01 70                             |              |
|              | <b>✓</b> No   |                          |                                       |  |              |
|              | Yes. Describe                                       |                          |                                       |  |              |
| 49.          | Farm and fishing equip                              | ment, implements, ma     | achinery, fixtures, and tool          | s of trade                                 |              |
|              | <b>✓</b> No   |                          |                                       |  |              |
|              | Yes. Describe                                       |                          |                                       |  |              |
| 50.          | Farm and fishing suppl                              | ies, chemicals, and fe   | ed                                    |  |              |
|              | ✓ No  |                          |                                       |  |              |
|              | Yes. Describe                                       |                          |                                       |  |              |
| 51.          | Any farm- and commerce<br>Examples: Livestock, poul |                          | perty you did not already li          | ist  |              |
|              | <b>✓</b> No   |                          |                                       |  |              |
|              | Yes. Describe                                       |                          |                                       |  |              |
| F2 A         | المام عاملا المام عاملا المام                       | of very entries from D   | lout C including any outside          | for marca vari have attached               |              |
|              |   | •                        |                                       | s for pages you have attached              |              |
|              |   |                          |                                       |  |              |
|              | - "   |                          |                                       |  |              |
| Part<br>53.  | Do you have other prop                              |                          |                                       | hat You Did Not List Above                 |              |
| 00.          | Examples: Season tickets,                           |                          |                                       |  |              |
|              | ✓ No  |                          |                                       |  |              |
|              | Yes. Give specific information                      |                          |                                       |  |              |
|              | momaton   |                          |                                       |  |              |
|              |   |                          |                                       |  |              |
| 54. A        | dd the dollar value of all                          | of your entries from P   | art 7. Write that number he           | ere  | •            |
|              |   |                          |                                       |  |              |
|              |   |                          | _                                     |  |              |
| Part         | 8: List the lotals o                                | f Each Part of this      | s Form                                |  |              |
| 55. <b>F</b> | Part 1: Total real estate, li                       | ne 2                     |                                       | ·····                                      |              |
| 56. <b>p</b> | part 2 total vehicles, line                         | 5                        | \$15500.0                             | 00   |              |
| 57. <b>P</b> | Part 3: Total personal and                          | household items, line    |                                       |  |              |
| 58. <b>P</b> | Part 4: Total financial asse                        | ets, line 36             | \$2.00                                |  |              |
| 59. <b>F</b> | Part 5: Total business-rel                          | ated property, line 45   | <del></del>                           |  |              |
| 60. <b>F</b> | Part 6: Total farm- and fis                         | shing-related property   | , line 52                             |  |              |
| 61. <b>F</b> | Part 7: Total other proper                          | ty not listed, line 54   |                                       |  |              |
| 62. 7        | Total personal property. A                          | Add lines 56 through 61. | \$16277.0                             | 00   | + \$16277.00 |
|              |   |                          | · · · · · · · · · · · · · · · · · · · | Copy personal property                     | total ▶      |
|              |   |                          |                                       |  | \$16277.00   |
| 63. <b>T</b> | otal of all property on Sc                          | hedule A/B. Add line 5   | 5 + line 62                           |  |              |

|  |   | Case 16-01445   | Doc 1   | 1 Filed 01   | /18/16  | Entered 01   | <u>/1</u> 8/16 16:42:17  | Desc Main   |
|--|---|---|---|--|---|--|--|---|
| Fill i                                       | n this inform   | ation to identify your case:  |   |  |   | J  |  |   |
| Deb  | tor 1   | Monique   | L   |  | Thom  | okins  |  |   |
|  |   | First Name  | Mi  | ddle Name  | Last N  | ame  |  |   |
|  | otor 2<br>ouse, if filing)  | First Name  | Mi  | ddle Name  | Last N  | ame  |  |   |
| Unit   | ed States Ba  | ankruptcy Court for the:  | Northern  |  | District of III   |  |  |   |
|  | e number<br>nown)   |   |   |  | (3  | State)   |  |   |
| Of   | ficial F  | orm 106C  |   |  |   |  |  | Check if this is a amended filing   |
| Sc   | hedul   | e C: The Prop   | erty \  | ou Claim   | as Ex   | cempt  |  | 12/1  |
| For<br>is to<br>exer<br>rece<br>exer<br>exer | each iten o state a s mpted up eive certa mption of perty is d  It: Ident Which set | pecific dollar amount<br>to the amount of ar<br>in benefits, and tax-               | aim as exent as exent as exent as exent as exempt as exempt at that am  Claim as exempt at that am  Claim as exempt | kempt, you mumpt. Alternative able statutory retirement funder a law that your exempt. Check one only, eventury exemptions. 110 C. § 522(b)(2) | est specification well, you in limit. So inds—may t limits the emption wen if your specific your your your your your your your your | y the amount of may claim the ome exemption be unlimited in the exemption to would be limited buse is filing with your (22(b)(3) | full fair market valus—such as those for dollar amount. He can a particular dollar do the applicable | ou claim. One way of doing so<br>ue of the property being<br>or health aids, rights to<br>owever, if you claim an<br>r amount and the value of the<br>statutory amount. |
|  |   | ription of the property a<br>lle A/B that lists this pro                            | perty the ow  | e portion you wn opy the value from  |   | of the exemption y   | •  | ecific laws that allow exemption  |
|  |   |   | 30  | chedule A/B  |   |  |  |   |
|  | Brief description   | : Chase   |   | \$2.00   | V   |  |  | 735 ILCS 5/12-1001(b)   |
|  | Line from   |   |   | <u></u>  |   | \$2.00<br>6 of fair market value   |  |   |
|  | Schedule A  | /B: <u>17</u>   |   |  |   | cable statutory limit  |  |   |
|  | Brief description   | Chase   |   | \$0.00   |   |  | _  | 735 ILCS 5/12-1001(b)   |
|  | Line from<br>Schedule A   | /B: <u>17</u>   |   |  |   | 6 of fair market value cable statutory limit   | , up to any  |   |
| 3.   | (Subject to   | aiming a homestead exer<br>adjustment on 4/01/16 and<br>id you acquire the property | every 3 yea   | ers after that for cas   | es filed on oi  | ·  | ,  |   |

Debtor 1 MoniquCase 16-01445 LDoc 1 Filed 01/18/16 Entered 01/18/16 (1/46)42:17 Desc Main
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Additional Page

| rai | Audition  | arrage  |   |   |           |                                   |
|-----|---|---|---|---|-----------|-----------------------------------|
|     | -   | ion of the property and line<br>VB that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you Check only one box for each ex        |           | pecific laws that allow exemption |
|     | Brief<br>description:<br>Line from<br>Schedule A/B: | Used Furniture 06   | \$350.00  | \$350.00  100% of fair market value, upplicable statutory limit   |           | 735 ILCS 5/12-1001(b)             |
|     | Brief description: Line from Schedule A/B:          | Used Women's Clothing                                       | \$350.00  | \$350.00  100% of fair market value, u applicable statutory limit |           | 735 ILCS 5/12-1001(a)             |
|     | Brief<br>description:<br>Line from<br>Schedule A/B: | Women's Costume Jewelry                                     | \$75.00   | \$75.00  100% of fair market value, u applicable statutory limit  | up to any | 735 ILCS 5/12-1001(b)             |
|     | Brief<br>description:<br>Line from<br>Schedule A/B: | 2015 Chevrolet Cruze<br>32000 miles                         | \$15,500.00   | 100% of fair market value, u applicable statutory limit           | up to any | 735 ILCS 5/12-1001(c)             |

|               |                        | Case 16-                     |                         | Doc 1 Filed                           | 01/18/16                                | <u>Entered 01/1</u> 8  | /16 16:42:17                           | Desc Main                |                                    |
|---------------|------------------------|------------------------------|-------------------------|---------------------------------------|---|--|--|--------------------------|------------------------------------|
| Fill in       | this informa           | ation to identify            | your case:              |                                       |   | J  |  |                          |                                    |
| Debt          | or 1                   | Monique                      |                         | L                                     | Thomp                                   |  |  |                          |                                    |
|               |                        | First Name                   |                         | Middle Name                           | Last Na                                 | ame  |  |                          |                                    |
| Debt<br>(Spor |                        | First Name                   |                         | Middle Name                           | Last Na                                 | ame  |  |                          |                                    |
| Unite         | ed States Ba           | nkruptcy Court               | for the: N              | orthern                               | District of Illi                        |  |  |                          |                                    |
|               | number                 |                              |                         |                                       | (5                                      | tate)  |  |                          |                                    |
| (If kno       | own)                   |                              |                         |                                       |   |  |  |                          |                                    |
| Off           | icial F                | orm 10                       | 6D                      |                                       |   |  |  |                          | neck if this is a<br>nended filing |
|               |                        |                              |                         | ss Wha Ha                             | vo Clain                                | as Sagurad   | by Propo                               |                          | icriaca iiirig                     |
| <u> </u>      | neau                   | e D. C                       | editoi                  | 5 ууно па                             | ve Ciaili                               | ns Secured   | by Prope                               | rty                      | 12/1                               |
| corre         | ect inform<br>. On the | nation. If m<br>top of any a | ore space<br>additional | is needed, copy                       | the Additiona                           | are filing togethe<br>Il Page, fill it out,<br>ase number (if kn | number the entri                       |                          |                                    |
| 1.            |                        |                              |                         |                                       | ماريان مطامع مطابع                      | Vari hava nathina alaa   | to ranget on this farm                 |                          |                                    |
|               | =                      |                              |                         | •                                     | ur other schedules                      | s. You have nothing else   | to report on this form.                |                          |                                    |
|               |                        | ll in all of the inf         |                         | W.                                    |   |  |  |                          |                                    |
| Part          | 1: List A              | II Secured                   | Claims                  |                                       |   |  |  |                          |                                    |
|               |                        |                              |                         |                                       |   | ditor separately for each  | Column A                               | Column B                 | Column C                           |
|               |                        |                              |                         | ticular claim, list the oth           |   | rt 2. As much as   | Amount of claim                        | Value of collateral      | Unsecured                          |
| •             | possible, list         | . IIIE Ciaiiiis iii a        | ipi iabelicai oi        | der according to the creditor's name. |   |  | Do not deduct the value of collateral. | that supports this claim | <b>portion</b> If any              |
| 2.1           | GM Financia            | al                           |                         |                                       |   |  |  |                          | \$5,234.00                         |
|               | Creditor's Na          |                              |                         | Describe the proper                   | ty that secures t                       | he claim:  | \$20,734.00                            | \$15,500.00              | φυ,234.00                          |
| _             | PO 183834              |                              |                         | - Chevrolet, Cruze   Va               | due: \$15 500 00                        |  | 1                                      |                          |                                    |
|               | Number                 | Stree                        | et                      | As of the date you fi                 |   | Check all that apply.  |  |                          |                                    |
| -             |                        |                              |                         | Contingent                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |                          |                                    |
| 1             | Arlington              | Texas                        | 76096                   | - Unliquidated                        |   |  |  |                          |                                    |
| _             | City                   | State                        | ZIP Code                | Disputed                              |   |  |  |                          |                                    |
| '             | _                      | the debt? Che                | eck one.                | <del></del> '                         | Lall that and                           |  |  |                          |                                    |
|               | ✓ Debtor               | 1 only                       |                         | Nature of lien. Chec                  | k all that apply.                       |  |  |                          |                                    |
|               | Debtor 2               | 2 only<br>1 and Debtor 2     | only                    | An agreement yo car loan)             | u made (such as                         | mortgage or secured  |  |                          |                                    |
|               |                        | one of the debt              | •                       |                                       | ch as tax lien, me                      | chanic's lien)   |  |                          |                                    |
|               | another                | One or the debt              | JIS allu                | Judgment lien fro                     |   |  |  |                          |                                    |
| ı             | Check                  | if this claim re             | lates to a              | Other (including a                    |   |  |  |                          |                                    |
| ı             |                        | unity debt<br>vas incurred   | 3/1/2015                | Last 4 digits of acco                 | ount number                             | 1744   |  |                          |                                    |
|               |                        | Add the dollar<br>nere:      | value of you            | r entries in Column /                 | A on this page. V                       | Vrite that number  | \$20,734.00                            |                          |                                    |

| Fill in                                 | this informa                                    | Case 16-01445<br>ation to identify your case  |  | 01/18/16  | Entered 01/  | 18/16 16:42:1   | 7 Desc   | Main   |   |
|---|---|---|--|---|--|---|--|--|---|
| Debto                                   | or 1  | Monique<br>First Name   | L<br>Middle Name   | Thompki<br>Last Nar   |  |   |  |  |   |
| Debto<br>(Spou                          |   | First Name  | Middle Name  | Last Nar  | me   |   |  |  |   |
|   |   | nkruptcy Court for the:   | Northern   | District of Illing  |  |   |  |  |   |
| (If kno                                 |   | 4005/5  |  |   |  |   | Choc   | old if this is an                            | amended filing                          |
|   |   | orm 106E/F<br><b>le E/F: Cre</b>  | ditors Who   | Have Un   | secured  | l Claims  | Шспес  | ik ii this is an                             | 12/15                                   |
| party t<br>106A/i<br>are list<br>the bo | to any exects) and on steed in Schools          | cutory contracts or une<br>Schedule G: Executory<br>edule D: Creditors Who<br>e left. Attach the Contin | ole. Use Part 1 for creditor expired leases that could recontracts and Unexpired to Hold Claims Secured be muation Page to this page TY Unsecured Claims | result in a claim. A d Leases (Official y Property. If more or On the top of an | Also list executory<br>Form 106G). Do r<br>e space is needed | contracts on <i>Sched</i><br>not include any credit<br>d, copy the Part you r | ule A/B: Proports ors with particed, fill it out | erty (Officia<br>ally secured<br>, number th | I Form<br>I claims that<br>e entries in |
| 1.                                      | Do any cre                                      |   | secured claims against yo  |   |  |   |  |  |   |
| i<br><b>I</b>                           | identify what<br>possible, lis<br>Part 1. If me | at type of claim it is. If a cla<br>t the claims in alphabetic<br>ore than one creditor hold            | claims. If a creditor has me<br>aim has both priority and not<br>al order according to the cre<br>ds a particular claim, list the                        | npriority amounts, li<br>editor's name. If you<br>other creditors in F          | st that claim here a<br>u have more than to<br>Part 3.       | nd show both priority a   | nd nonpriority a                                 | mounts. As r                                 | much as                                 |
|   | (For an exp                                     | lanation of each type of c  | claim, see the instructions fo   | r this form in the ins  | struction booklet.)  |   | Total claim                                      | Priority amount                              | Nonpriority amount                      |

MoniquCase 16-01445 LDoc 1 Filed 01/18/416 Entered 01/18/416 /46:42:17 Desc Main Debtor 1 Documernt Page 24 of 70 List All of Your NONPRIORITY Unsecured Claims Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. ✓ Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than four priority unsecured claims fill out the Continuation Page of **Total claim** 4.1 AES/NCT \$577.00 Last 4 digits of account number 0001 Nonpriority Creditor's Name 8/1/2004 PO BOX 61047 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent **HARRISBURG** Pennsylvania 17106 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? No No Yes 4.2 Capital One \$521.00 Last 4 digits of account number 4553 Nonpriority Creditor's Name 5/1/2014 Po Box 30281 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent 84130 Salt Lake City Utah Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? **✓** No ☐ Yes 4.3 CAPITAL ONE BANK USA N \$521.00 Last 4 digits of account number Nonpriority Creditor's Name PO BOX 85520 When was the debt incurred? 5/1/2014 Number As of the date you file, the claim is: Check all that apply. Contingent RICHMOND Virginia 23285 Unliquidated Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Is the claim subject to offset? Ͷ No

Yes

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|     | After listing any entries on this page, number them beginning  | with 4.5, followed by 4.6, and so forth.   | Total claim |
|-----|--|--|-------------|
| 4.4 | City of Chicago Parking  | — Last 4 digits of account number  | \$1,000.00  |
|     | Nonpriority Creditor's Name  |  |             |
|     | 121 N. LaSalle St # 107A<br>Number Street  | When was the debt incurred?n/a   |             |
|     | Trained Street   | As of the date you file, the claim is: Check all that apply.   |             |
|     | OLL NICE CONTROL OF THE CONTROL OF T | Contingent   |             |
|     | ChicagoIllinois60602CityStateZip Code  | — Unliquidated   |             |
|     | Who incurred the debt? Check one.  | Disputed   |             |
|     | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 2 only  | Student loans  |             |
|     | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that  |             |
|     | At least one of the debtors and another  | you did not report as priority claims  |             |
|     | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?  | ✓ Other. Specify   |             |
|     | ✓ No   |  |             |
|     | Yes  |  |             |
| 4.5 | ComEd  |  | \$800.00    |
|     | Nonpriority Creditor's Name  | — Last 4 digits of account number  |             |
|     | 3 Lincoln Center   | When was the debt incurred?n/a   |             |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
|     |  | Contingent   |             |
|     | Oakbrook Terrace Illinois 60181  | — Unliquidated   |             |
|     | City State Zip Code  | Disputed   |             |
|     | Who incurred the debt? Check one.  Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 2 only  |  |             |
|     | Debtor 1 and Debtor 2 only   | Student loans  |             |
|     | At least one of the debtors and another  | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|     | H  | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | L Check if this claim relates to a community debt Is the claim subject to offset?  | ✓ Other. Specify   |             |
|     | No   | Guion opeany   |             |
|     | <b>=</b>   |  |             |
|     | L Yes  |  |             |
| 4.6 | MCSI INC Nonpriority Creditor's Name   | Last 4 digits of account number 5426   | \$350.00    |
|     | PO BOX 327   | When was the debt incurred? 8/1/2014   |             |
|     | Number Street  | As of the date you file, the claim is: Check all that apply.   |             |
|     |  |  |             |
|     | PALOS HEIGHTS Illinois 60463   | Contingent   |             |
|     | City State Zip Code  | — Unliquidated   |             |
|     | Who incurred the debt? Check one.  | Disputed   |             |
|     | Debtor 1 only  | Type of NONPRIORITY unsecured claim:   |             |
|     | Debtor 2 only  | Student loans  |             |
|     | Debtor 1 and Debtor 2 only   | Obligations arising out of a separation agreement or divorce that  |             |
|     | At least one of the debtors and another  | you did not report as priority claims  |             |
|     | Check if this claim relates to a community debt  | Debts to pension or profit-sharing plans, and other similar debts  |             |
|     | Is the claim subject to offset?  | ✓ Other. Specify   |             |
|     | ☑ No   |  |             |
|     | Yes  |  |             |

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| ı eıı | 1001 NONF KIOKITT Offsecured Claims - Contil                  |  |             |
|-------|---|--|-------------|
|       | After listing any entries on this page, number them beginning | with 4.5, followed by 4.6, and so forth.   | Total claim |
| 4.7   | MCSI INC  | — Last 4 digits of account number 9660   | \$250.00    |
|       | Nonpriority Creditor's Name<br>PO BOX 327                     | When was the debt incurred? 5/1/2014   |             |
|       | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|       |   | Contingent   |             |
|       | PALOS HEIGHTS Illinois 60463                                  | — Unliquidated   |             |
|       | City State Zip Code   | Disputed   |             |
|       | Who incurred the debt? Check one.  Debtor 1 only              | Type of NONPRIORITY unsecured claim:   |             |
|       |   |  |             |
|       | Debtor 2 only   | Student loans  |             |
|       | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that  |             |
|       | At least one of the debtors and another                       | you did not report as priority claims  |             |
|       | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|       | Is the claim subject to offset?                               | ✓ Other. Specify   |             |
|       | <u>✓</u> No   |  |             |
|       | Yes   |  |             |
| 4.8   | MCSI INC  | — Last 4 digits of account number 9982   | \$250.00    |
|       | Nonpriority Creditor's Name<br>PO BOX 327                     | When was the debt incurred? 5/1/2014   |             |
|       | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|       |   | Contingent   |             |
|       | PALOS HEIGHTS Illinois 60463                                  | — Unliquidated   |             |
|       | City State Zip Code   |  |             |
|       | Who incurred the debt? Check one.                             | ☐ Disputed   |             |
|       | ✓ Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |             |
|       | Debtor 2 only   | Student loans  |             |
|       | Debtor 1 and Debtor 2 only                                    | Obligations arising out of a separation agreement or divorce that  |             |
|       | At least one of the debtors and another                       | you did not report as priority claims  |             |
|       | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|       | Is the claim subject to offset?                               | ✓ Other. Specify   |             |
|       | ✓ No  |  |             |
|       | Yes   |  |             |
| 4.9   | Navient   | — Last 4 digits of account number 0329   | \$10,180.00 |
|       | Nonpriority Creditor's Name                                   | <u></u>  |             |
|       | 1002 ARTHUR DR  | When was the debt incurred? 3/1/2006   |             |
|       | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|       |   | Contingent   |             |
|       | LYNN HAVEN Florida 32444                                      | — Unliquidated   |             |
|       | City State Zip Code   | Disputed   |             |
|       | Who incurred the debt? Check one.  Debtor 1 only              | Type of NONPRIORITY unsecured claim:   |             |
|       | Debtor 2 only   | <u></u>  |             |
|       | Debtor 1 and Debtor 2 only                                    | Student loans  |             |
|       | At least one of the debtors and another                       | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|       | H   |  |             |
|       | Check if this claim relates to a community debt               | Debts to pension or profit-sharing plans, and other similar debts  |             |
|       | Is the claim subject to offset?                               | ✓ Other. Specify   |             |
|       | ✓ No  |  |             |
|       | Yes   |  |             |

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| Part 2: Your NONPRIORITY Unsecured Claims - Con            | ntinuation Page   |             |
|--|---|-------------|
| After listing any entries on this page, number them beginn | ing with 4.5, followed by 4.6, and so forth.                      | Total claim |
| 4.10 Navient   | Last 4 digits of account number 0621                              | \$1,235.00  |
| Nonpriority Creditor's Name<br>1002 ARTHUR DR              | When was the debt incurred? 6/1/2006                              |             |
| Number Street  | when was the debt incurred:                                       |             |
|  | As of the date you file, the claim is: Check all that apply.      |             |
| LYNN HAVEN Florida 32444                                   | Contingent  |             |
| City State Zip Code  | Unliquidated  |             |
| Who incurred the debt? Check one.                          | Disputed  |             |
| Debtor 1 only  | Type of NONPRIORITY unsecured claim:                              |             |
| Debtor 2 only  | Student loans   |             |
| Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce that |             |
| At least one of the debtors and another                    | you did not report as priority claims                             |             |
| Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts |             |
| Is the claim subject to offset?                            | ✓ Other. Specify  |             |
| ✓ No   |   |             |
| Yes  |   |             |
| 4.11 Navient   | Last 4 digits of account number 0613                              | \$1,073.00  |
| Nonpriority Creditor's Name                                |   |             |
| 1002 ARTHUR DR Number Street                               | When was the debt incurred? 6/1/2006                              |             |
| Nambol Silver  | As of the date you file, the claim is: Check all that apply.      |             |
| DANILIA (EV.)  | Contingent  |             |
| LYNN HAVEN Florida 32444  City State Zip Code              | Unliquidated  |             |
| Who incurred the debt? Check one.                          | Disputed  |             |
| Debtor 1 only  | Type of NONPRIORITY unsecured claim:                              |             |
| Debtor 2 only  | Student loans   |             |
| Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce that |             |
| At least one of the debtors and another                    | you did not report as priority claims                             |             |
| Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts |             |
| Is the claim subject to offset?                            | ✓ Other. Specify  |             |
| ✓ No   |   |             |
| Yes  |   |             |
| 4.12 Nicor Gas   | Lock 4 digits of account number                                   | \$400.00    |
| Nonpriority Creditor's Name                                | Last 4 digits of account number                                   |             |
| 90 N. Finley Road  Number Street                           | When was the debt incurred?n/a                                    |             |
| Number Street  | As of the date you file, the claim is: Check all that apply.      |             |
| 01 511 1111 1 20107  | Contingent  |             |
| Glen Ellyn Illinois 60137 City State Zip Code              | ——— Unliquidated  |             |
| Who incurred the debt? Check one.                          | Disputed  |             |
| Debtor 1 only  | Type of NONPRIORITY unsecured claim:                              |             |
| Debtor 2 only  | Student loans   |             |
| Debtor 1 and Debtor 2 only                                 | Obligations arising out of a separation agreement or divorce that |             |
| At least one of the debtors and another                    | you did not report as priority claims                             |             |
| Check if this claim relates to a community debt            | Debts to pension or profit-sharing plans, and other similar debts |             |
| Is the claim subject to offset?                            | Other. Specify  |             |
| ✓ No   |   |             |
| ☐ Vos  |   |             |

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First Name Document Page

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

|      | After listing any entries on this page, number them beginning                       | with 4.5, followed by 4.6, and so forth.   | Total claim |
|------|---|--|-------------|
| 4.13 | Speedy Cash   | — Last 4 digits of account number  | \$750.00    |
|      | Nonpriority Creditor's Name<br>1931 N. Mannheim Rd                                  | When was the debt incurred?  |             |
|      | Number Street   | As of the date you file the claim is: Check all that apply   |             |
|      |   | As of the date you file, the claim is: Check all that apply.  Contingent                                   |             |
|      | Melrose Park Illinois 60160   | — Unliquidated   |             |
|      | City State Zip Code   | Disputed   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                                    | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 2 only   |  |             |
|      | Debtor 1 and Debtor 2 only  | ☐ Student loans  |             |
|      | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|      |   | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Check if this claim relates to a community debt                                     | ✓ Other. Specify   |             |
|      | Is the claim subject to offset?   | Cutof. Opcomy  |             |
|      | Yes   |  |             |
| 4.14 | US DEPT OF ED/GLELSI  |  | \$17.423.00 |
| 4.14 | Nonpriority Creditor's Name   | Last 4 digits of account number 0577   | \$17,423.00 |
|      | 2401 INTERNATIONAL LN   | When was the debt incurred?11/1/2008   |             |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|      |   | Contingent   |             |
|      | MADISON Wisconsin 53704   | — Unliquidated   |             |
|      | City State Zip Code   | Disputed   |             |
|      | Who incurred the debt? Check one.  Debtor 1 only                                    | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 2 only   | Ë  |             |
|      | Debtor 1 and Debtor 2 only  | Student loans  Obligations origing out of a constation agreement or diverse that                           |             |
|      | At least one of the debtors and another   | Obligations arising out of a separation agreement or divorce that<br>you did not report as priority claims |             |
|      | Check if this claim relates to a community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Is the claim subject to offset?   | Other. Specify   |             |
|      | ✓ No  |  |             |
|      | Yes   |  |             |
| 4.15 | VERIZON WIRELESS  | Lord A. Posto of account country   | \$2,005.00  |
|      | Nonpriority Creditor's Name   | — Last 4 digits of account number  | ΨΕ,000.00   |
|      | PO BOX 4002   | When was the debt incurred? 11/1/2013  |             |
|      | Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
|      |   | Contingent   |             |
|      | Acworth         Georgia         30101           City         State         Zip Code | — 🔲 Unliquidated   |             |
|      | Who incurred the debt? Check one.   | Disputed   |             |
|      | Debtor 1 only   | Type of NONPRIORITY unsecured claim:   |             |
|      | Debtor 2 only   | Student loans  |             |
|      | Debtor 1 and Debtor 2 only  | Obligations arising out of a separation agreement or divorce that  |             |
|      | At least one of the debtors and another   | you did not report as priority claims  |             |
|      | Check if this claim relates to a community debt                                     | Debts to pension or profit-sharing plans, and other similar debts  |             |
|      | Is the claim subject to offset?   | ✓ Other. Specify   |             |
|      | ✓ No  |  |             |
|      | Yes   |  |             |

|      | After listing any entries   | s on this page, nu                                | mber them beginning              | with 4.5, followed by 4.6, and so forth.   | Total claim |
|------|---|---|----------------------------------|--|-------------|
| 4.16 | Village of Sauk Village Nonpriority Creditor's Na 21801 Torrence Ave Number Street  | ame   |                                  | Last 4 digits of account number  When was the debt incurred? n/a  As of the date you file, the claim is: Check all that apply.   | \$989.36    |
|      | Sauk Village City Who incurred the deb Debtor 1 only Debtor 2 only Debtor 1 and Debtor At least one of the de Check if this claim Is the claim subject to You | 2 only<br>ebtors and another<br>relates to a comi | 60411<br>Zip Code<br>munity debt | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divou did not report as priority claims Debts to pension or profit-sharing plans, and other sim |             |

Debtor 1 Monique Case 16-01445 L Doc 1 Filed 01/18/016 Entered 01/18/016 (01/18/018 (01/18) (01/18/018 (01/18) (01/18) (01/18/018 (01/18) (01/

Part 4: Add the Amounts for Each Type of Unsecured Claim

|                          | Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. |   |     |              |  |  |  |  |
|--------------------------|--|---|-----|--------------|--|--|--|--|
|                          |  |   |     | Total claims |  |  |  |  |
| Total claims from Part 1 | 6a.  | Domestic support obligations.   | 6a. | \$0.00       |  |  |  |  |
| monit die i              | 6b.  | Taxes and certain other debts you owe the   | 6b. | \$0.00       |  |  |  |  |
|                          | 6c.  | Claims for death or personal injury while you were intoxicated  | 6c. | \$0.00       |  |  |  |  |
|                          | 6d.  | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$0.00       |  |  |  |  |
|                          | 6e.  | Total. Add lines 6a through 6d.   | 6e. | \$0.00       |  |  |  |  |
|                          |  |   |     | Total claims |  |  |  |  |
| Total claims from Part 2 | 6f.  | Student loans   | 6f. | \$0.00       |  |  |  |  |
|                          | 6g.  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$0.00       |  |  |  |  |
|                          | 6h.  | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$0.00       |  |  |  |  |
|                          | 6i.  | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$38,324.36  |  |  |  |  |
|                          | 6j.  | Total. Add lines 6f through 6i.   | 6j. | \$38,324.36  |  |  |  |  |

|                     |                                   | Case 16-0144   | 5 Doc 1 J             | Filed 01/18/1           | 6 Entere         | <u>d 01/1</u> 8/16 16:42:1                                       | 7 Desc Main   |
|---------------------|-----------------------------------|--|-----------------------|-------------------------|------------------|--|---|
| Fill in th          | his informa                       | ation to identify your cas                             |                       |                         |                  | 0/10 10: 12:1  | . Bood Main   |
| Debtor              | · 1                               | Monique  | L                     | Th                      | ompkins          |  |   |
|                     |                                   | First Name   | Middle N              |                         | st Name          |  |   |
| Debtor              | _                                 |  |                       |                         |                  |  |   |
| (Spous              | e, if filing)                     | First Name   | Middle N              | lame La                 | st Name          |  |   |
| United              | States Ba                         | nkruptcy Court for the:                                | Northern              | District of             | of Illinois      |  |   |
|                     |                                   |  |                       | <u> </u>                | (State)          |  |   |
| Case n              |                                   |  |                       |                         |                  |  |   |
| Offic               | cial F                            | orm 106G   |                       |                         |                  |  | Check if this is a amended filing   |
| Sch                 | edul                              | e G: Execut  | ory Contr             | acts and l              | Jnexpire         | ed Leases  | 12/1  |
| space is<br>case nu | s needed<br>umber (if I<br>you ha | , copy the additional p<br>known).<br>ve any executory | age, fill it out, num | ber the entries, and    | attach it to thi |  | plying correct information. If more<br>Iditional pages, write your name and |
| <b>✓</b>            | Yes. Fill in                      | n all of the information be                            | elow even if the cont | racts or leases are lis | ted on Schedule  | e A/B: Property (Official Form 1                                 | 06A/B).   |
|                     |                                   |  |                       |                         |                  | en state what each contract of<br>examples of executory contract | or lease is for (for example, rent, s and unexpired leases.                 |
|                     | Person                            | or company with who                                    | m you have the cor    | ntract or lease         |                  | State what the cont  | tract or lease is for   |
| 2.1 µ               | Kempa & A                         | Associates   |                       |                         |                  | Residential Lease,   |   |
| Ī                   | Name                              |  |                       |                         |                  | Debtor is Lessee,<br>1 year residential leas                     | se  |
| ,                   | 1849 225th                        | Street   |                       |                         |                  | i your rootaormarroad  |   |
| Ī                   | Number                            | Street   |                       |                         |                  |  |   |
| (                   | Chicago F                         | leights III  | inois                 | 60411                   |                  |  |   |
| (                   | City                              | St   | ate                   | Zip Code                |                  |  |   |

|      |                             | 0 10 01 44   | E Danid Ellado  | 04 /4 O /4 C                    | 04/40/46 46:40:47                   | Dana Main  |
|------|-----------------------------|--|---|---------------------------------|-------------------------------------|--|
| Fill | in this inform              | Case 16-0144 ation to identify your cas                              |   | 11/18/16 Enleren                | 01/18/16 16:42:17                   | Desc Main  |
| De   | btor 1                      | Monique  | L   | Thompkins                       |                                     |  |
| _    |                             | First Name   | Middle Name   | Last Name                       |                                     |  |
|      | btor 2<br>oouse, if filing) | First Name   | Middle Name   | Last Name                       | <del></del>                         |  |
| Un   | ited States Ba              | ankruptcy Court for the:   | Northern  | District of Illinois            |                                     |  |
| Ca   | se number                   |  |   | (State)                         |                                     |  |
|      | known)                      |  |   |                                 |                                     | _  |
|      |                             |  |   |                                 |                                     | Check if this is a amended filing  |
| O    | fficial F                   | orm 106H   |   |                                 |                                     |  |
| Sc   | hedul                       | e H: Your Co   | odebtors  |                                 |                                     | 12/1:  |
|      | Do you hav No Yes           | re any codebtors? (If yo   | ou are filing a joint case, do no   | t list either spouse as a codeb | tor.)                               |  |
| 2.   | Louisiana, N No. Go Yes. D  | levada, New Mexico, Puo<br>o to line 3.<br>id your spouse, former sp | lived in a community proper<br>erto Rico, Texas, Washington,<br>pouse, or legal equivalent live | and Wisconsin.)                 | nunity property states and territor | <i>ies</i> include Arizona, California, Idaho,   |
|      | ☐ Y                         |  | tate or territory did you live?   | F                               | ill in the name and current addre   | ss of that person.   |
|      |                             | Name of your spouse, f   | ormer spouse, or legal equival  | ent                             | <u> </u>                            |  |
|      |                             | Number Street  |   |                                 | _                                   |  |
|      |                             | City   | State   | Zip Code                        | <u> </u>                            |  |
| 3.   | as a codeb                  | tor only if that person i  | is a guarantor or cosigner. I   | Make sure you have listed t     |                                     | the person shown in line 2 again<br>ficial Form 106D), <i>Schedule E/F</i><br>olumn 2. |
|      | Column 1:                   | Your codebtor  |   |                                 | Column 2: The creditor to           | whom you owe the debt  |

Check all schedules that apply:

| Fill in this            | information to identify                          | your case:   | 4040   |                     | 8/16 16               | :42:17         | Desc M                          | Iain    |                            |
|-------------------------|--|--|--|---------------------|-----------------------|----------------|---------------------------------|---------|----------------------------|
| Debtor 1                | Monique  | L  | Thompkins  | <del>je oo oi</del> | 70                    |                |                                 |         |                            |
| DODIOI 1                | First Name                                       | Middle Name  | Last Name  |                     | -                     |                |                                 |         |                            |
| Debtor 2                |  |  |  |                     | _                     | Check if this  |                                 |         |                            |
| Spouse, if fil          | ling) First Name                                 | Middle Name  | Last Name  |                     |                       | =              | ended filing                    |         |                            |
| United States           | s Bankruptcy Court for the:                      | Northern   | District of Illinois (State)                     |                     | -                     |                | ement showir<br>es as of the fo |         | -petition chapter<br>date: |
| Case numbe<br>If known) | er   |  |  |                     |                       | MM / D         | D / YYYY                        | _       |                            |
| <br>Official            | Form 106l  |  |  |                     |                       |                |                                 |         |                            |
| Sched                   | ule I: Your Inc                                  | ome  |  |                     |                       |                |                                 |         | 12                         |
| nformatio<br>ages, wri  | on about your spouse                             | r spouse. If you are sep<br>e. If more space is neede<br>se number (if known). A<br>nt | ed, attach a se                                  | eparate s           |                       |                |                                 |         |                            |
|                         | Fill in your employment                          |  | Debtor 1   |                     |                       | Debtor 2       |                                 |         |                            |
|                         |  | Employment status  | ✓ Employed                                       |                     |                       | ☐ Employed     |                                 |         |                            |
|                         | you have more than one ob,                       |  | ☐ Not Employed                                   |                     |                       | ☐ Not Employed |                                 |         |                            |
|                         | ittach a separate page with                      |  |  |                     |                       | 110(2)         | прюуса                          |         |                            |
|                         | nformation about additional                      | Occupation   | Medical Assista                                  | Medical Assistant   |                       |                |                                 |         |                            |
| е                       | employers.                                       | Employer's name  | Friend Family Health Center Inc  800 E. 55th St. |                     |                       |                |                                 |         |                            |
| lr<br>o                 | nclude part time, seasonal,                      | Employer's address   |  |                     |                       |                |                                 |         |                            |
|                         | elf-employed work.                               |  | Number Street                                    |                     | _                     | Number Str     | eet                             |         |                            |
|                         | Occupation may include                           |  |  |                     |                       |                |                                 |         |                            |
|                         | student<br>or homemaker, if it applies.          |  |  |                     |                       |                |                                 |         |                            |
| Ü                       | r nomomator, il it applico.                      |  | Chicago<br>City                                  | Illinois<br>State   | Zip Code              | City           | 9                               | State   | Zip Code                   |
|                         |  |  | City   | State               | Zip Code              | ,              |                                 |         |                            |
|                         |  | How long employed there?   |  |                     |                       |                |                                 |         |                            |
|                         |  |  |  |                     |                       |                |                                 |         |                            |
| art 2: 0                | Give Details About I                             | wontnly income   |  |                     |                       |                |                                 |         |                            |
| Estimate n              | monthly income as of the                         | date you file this form. If you ha   | ave nothing to repo                              | ort for any lin     | e. write \$0 in the s | pace. Includ   | le vour non-fil                 | ina spo | use unless vou             |
| are separat             |  | <b>,</b> ,   | 210 1.02 m.lg to 10pc                            |                     | ο,ο φο εο ο           | pace:e.ae      | ,                               | g op o  |                            |
|                         | ur non-filing spouse have mo sheet to this form. | re than one employer, combine the  | ne information for a                             | II employers        | for that person on    | the lines be   | low. If you ne                  | ed more | e space, attach            |
| ,                       |  |  |  | For                 | Debtor 1              | For Debt       | or 2 or<br>g spouse             |         |                            |
|                         |  | y, and commissions (before all lculate what the monthly wage wo                        |  |                     | \$2,608.04            |                |                                 | _       |                            |
| 3. Estim                | ate and list monthly overt                       | ime pay.   | 3.   |                     | + \$0.00              |                |                                 | _       |                            |
| 4. Calcu                | llate gross income. Add line                     | e 2 + line 3.  | 4.   |                     | \$2,608.04            |                |                                 |         |                            |

Documentame Page 34 of 70 For Debtor 2 or For Debtor 1 non-filing spouse Copy line 4 here 4. \$2,608.04 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. \$489.95 5b. Mandatory contributions for retirement plans 5b. \$0.00 5c. Voluntary contributions for retirement plans 5c. \$65.00 5d. Required repayments of retirement fund loans 5d. \$0.00 5e. Insurance 5e. \$0.00 5f. Domestic support obligations 5f. \$0.00 5g. Union dues 5g. \$32.50 5h. Other deductions. Specify: 5h. -\$89.33 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. 6. \$676.78 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,931.26 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. \$0.00 8b. Interest and dividends 8b. \$0.00 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce \$0.00 settlement, and property settlement. 8c. 8d. Unemployment compensation \$0.00 8d. 8e. Social Security 8e. \$0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: LINK 8f. \$226.00 8g. Pension or retirement income 8g. \$0.00 8h. Other monthly income. Specify: 8h. + \$0.00 9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. \$226.00 9. 10. Calculate monthly income. Add line 7 + line 9. 10. \$2,157.26 \$2,157.26 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Voluntary Household Contributions \$0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies \$2,157.26 Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? res. Explain:

Filed 01/11/28/11/6

Entered @1/18/16 16:42:17 Desc Main

Debtor 1 Monique Case 16-01445 L Doc 1

Debtor 1 Monique Case 16-01445 L Doc 1 Filed 011/18/16 Entered 01/18/16 16:42:17 Desc Main

First Name Middle Name Docurrentame Page 35 of 70
For Debtor 1 For Debtor 2 or non-filling spouse

5h. Other payroll deductions. Specify:

1. Dental
2. Parking \$24.33
\$65.00

| Ca   | se 16-0144!                     | 5 Doc 1 Filed 01   | /18/16            | Entered 01/18                       | 3/16 16:42:17     | Desc Main                                   |              |
|--|---------------------------------|--|-------------------|-------------------------------------|-------------------|---|--------------|
| Fill in this information t                     | to identify your case           | 9:   |                   |                                     |                   |   |              |
| Debtor 1 Moni                                  | ique                            | L  | Thomp             | kins                                |                   |   |              |
| First  | Name                            | Middle Name  | Last Na           | ime                                 |                   |   |              |
| Debtor 2 (Spouse, if filing) First             | Name                            | Middle Name  | Last Na           | ame                                 | Check if this is: |   |              |
| (,9/ 1 1131                                    | Name                            | Middle Name  | Lastina           | ine                                 | An amended filin  | •   |              |
| United States Bankrup                          | tcy Court for the:              | Northern   | District of Illin | nois<br>tate)                       |                   | nowing post-petition on the following date: | chapter 13   |
| Case number (If known)                         |                                 |  |                   |                                     | M1/DD ()000       |   |              |
|  |                                 |  |                   |                                     | MM / DD / YYY     | Υ   |              |
| Official For                                   |                                 |  |                   |                                     |                   |   |              |
| Schedule J                                     | : Your Ex                       | penses   |                   |                                     |                   |   | 12/1         |
| nformation. If more s<br>(if known). Answer ev | pace is needed, a ery question. | ole. If two married people are ttach another sheet to this for the contract to |                   |                                     |                   |   | ŀΓ           |
| Part 1: Describe                               |                                 | old  |                   |                                     |                   |   |              |
| 1. Is this a joint case                        |                                 |  |                   |                                     |                   |   |              |
| ✓ No. Go to line                               | 2                               |  |                   |                                     |                   |   |              |
| Yes. Does De                                   | btor 2 live in a se             | parate household?  |                   |                                     |                   |   |              |
| ☐ No   |                                 |  |                   |                                     |                   |   |              |
| Yes.   | . Debtor 2 must file            | Official Forms 106J-2, Expens  | es for Separate   | e Household of Debtor:              | 2.                |   |              |
| 2. Do you have depe                            | endents? No                     | )  |                   |                                     |                   |   |              |
| Do not list Debtor 1 Debtor 2.                 | and Ye                          | es. Fill out this information for ach dependent  | •                 | it's relationship to<br>or Debtor 2 | Dependent's age   | Does depende with you?                      | ent live     |
|  |                                 |  | Child             | n Bostor 2                          | 11 years          | No.   |              |
|  |                                 |  |                   |                                     |                   | ✓ Yes.                                      |              |
|  |                                 |  | Child             |                                     | 19 years          | No.   |              |
|  |                                 |  |                   |                                     |                   | ✓ Yes.                                      |              |
|  |                                 |  | Child             |                                     | 20 years          | No.   |              |
|  |                                 |  | OF:I-I            |                                     | 20                | ✓ Yes.                                      |              |
|  |                                 |  | Child             |                                     | 22 years          | ☐ No.  ✓ Yes.                               |              |
|  |                                 |  | Parent            |                                     | 56 years          | No.   |              |
|  |                                 |  |                   |                                     |                   | ✓ Yes.                                      |              |
| 3. Do your expenses                            |                                 |  |                   |                                     |                   |   |              |
| expenses of peop<br>than                       |                                 |  |                   |                                     |                   |   |              |
| yourself and your                              | ∐ Y€                            | <b>S</b>   |                   |                                     |                   |   |              |
| dependents?                                    |                                 |  |                   |                                     |                   |   |              |
| Part 2: Estimate                               | Your Ongoing                    | Monthly Expenses   |                   |                                     |                   |   |              |
|  |                                 | nkruptcy filing date unless y<br>uptcy is filed. If this is a supp   |                   |                                     |                   |   |              |
|  |                                 | ash government assistance i<br>on <i>Schedule I: Your Income</i>   |                   |                                     |                   | You   | r expenses   |
| 4. The rental or homany rent for the gr        |                                 | enses for your residence. Inc  | lude first mortg  | age payments and                    |                   | 4.  | \$475.00     |
| If not included in                             | n line 4:                       |  |                   |                                     |                   |   |              |
| 4a. Real estate tax                            | xes                             |  |                   |                                     |                   | 4a  | \$0.00       |
| 4b. Property, home                             | eowner's, or renter             | s insurance  |                   |                                     |                   | 4b.   | \$10.00      |
| 4c. Home mainten                               | nance, repair, and up           | okeep expenses   |                   |                                     |                   | 4c.   | \$0.00       |
| 4d. Homeowner's                                | association or cond             | dominium dues  |                   |                                     |                   | 4d.   | \$0.00       |
|  |                                 |  |                   |                                     |                   |   | <del>`</del> |

Debtor 1 Moniqu**Case 16-01445 LDoc 1 Filed 01/11-8/11-6 Entered 01/1-8/11-6 (11-6:42**:<u>17 Desc Main</u>

Document Page 37 of 70 Your expenses 5. Additional mortgage payments for your residence, such as home equity loans \$0.00 5. 6. Utilities: 6a. Electricity, heat, natural gas \$150.00 6a. 6b. Water, sewer, garbage collection \$0.00 6b. 6c. Telephone, cell phone, Internet, satellite, and cable services \$75.00 6c. 6d. Other. Specify: \$0.00 6d 7. Food and housekeeping supplies \$350.00 7. 8. Childcare and children's education costs \$150.00 8. 9. Clothing, laundry, and dry cleaning \$50.00 9. 10. Personal care products and services \$32.00 10. 11. Medical and dental expenses \$0.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. \$75.00 Do not include car payments 12. 13. Entertainment, clubs, recreation, newspapers, magazines, and books \$0.00 13. 14. Charitable contributions and religious donations \$0.00 14. 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance \$0.00 15a 15b. Health insurance \$0.00 15b 15c. Vehicle insurance \$280.00 15c 15d. Other insurance. Specify: \_\_ \$0.00 15d 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$0.00 16 17. Installment or lease payments: 17a. Car payments for Vehicle 1 \$0.00 17a 17b. Car payments for Vehicle 2 \$0.00 17b 17c. Other. Specify: \$0.00 17c 17d. Other. Specify: \$0.00 17d 18. Your payments of alimony, maintenance, and support that you did not report as deducted from \$0.00 your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. \$0.00 19. 20.0ther real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property \$0.00 20a 20b. Real estate taxes 20b. 20b \$0.00 20c. Property, homeowner's, or renter's insurance \$0.00 20c 20d. Maintenance, repair, and upkeep expenses 20d. \$0.00 20d 20e. Homeowner's association or condominium dues \$0.00 20e

| Debtor 1          |              | ase 16-0144 <u>5</u>       |                  | Filed 01/11/8//11/6s  | <u>Entered</u> @141-8416646642: | <u> 17 D</u> | <u>esc Main</u> |            |
|-------------------|--------------|----------------------------|------------------|---|---------------------------------|--------------|-----------------|------------|
|                   | First Name   |                            | Middle Name      | Documethe Programme   | Page 38 of 70                   |              |                 |            |
| 21.Other          | Specify: _   |                            |                  |   | •                               | 21           |                 | \$0.00     |
| 00.0.1            |              | 4.1                        |                  |   |                                 |              |                 |            |
|                   | •            | monthly expenses.          |                  |   |                                 |              |                 | \$1,647.00 |
|                   |              | through 21.                |                  |   |                                 |              |                 | \$0.00     |
| 22b. C            | Copy line 22 | 2 (monthly expenses for    | Debtor 2), if an | y, from Official Form 106J                                      | -2                              |              |                 | \$1,647.00 |
| 22c. A            | Add line 22a | a and 22b. The result is y | your monthly ex  | rpenses.  |                                 | 22.          |                 |            |
| 23. Calcu         | ılate your ı | monthly net income.        |                  |   |                                 |              |                 |            |
| 23a. C            | Copy line 12 | 2 (your combined month     | nly income) from | Schedule I.   |                                 | 23a          | _               | \$2,157.26 |
| 23b. C            | Copy your n  | nonthly expenses from lir  | ne 22 above.     |   |                                 | 23b          | _               | \$1,647.00 |
|                   | •            | ır monthly expenses fror   |                  | income.   |                                 |              |                 | \$510.26   |
| •                 | The result i | is your monthly net incor  | me.              |   |                                 | 23c          |                 |            |
| 24. <b>Do y</b> o | ou expect    | an increase or decrea      | se in your exp   | enses within the year aft                                       | er you file this form?          |              |                 |            |
|                   |              |                            |                  | r loan within the year or do y<br>of a modification to the term |                                 |              |                 |            |
| 1                 | No           |                            |                  |   |                                 |              |                 |            |
|                   | Yes          |                            |                  |   |                                 |              |                 |            |
|                   | E            | xplain here:               |                  |   |                                 |              |                 |            |
|                   |              |                            |                  |   |                                 |              |                 |            |

|      |                                      | 0 10 01 14                                 | 5 Dag 1 Filad 0              | 4.40.40 Fisher                       | 01/10/10 10:10:17                                     | Daga Main                             |
|------|--------------------------------------|--|------------------------------|--------------------------------------|---|---------------------------------------|
| Fill | in this inform                       | Case 16-0144! nation to identify your case | 5 Doc 1 Filed 0              | 1/18/16 Enter                        | red 01/18/16 16:42:17                                 | Desc Main                             |
| Del  | otor 1                               | Monique                                    | L                            | Thompkins                            |   |                                       |
|      |                                      | First Name                                 | Middle Name                  | Last Name                            |   |                                       |
|      | otor 2<br>ouse, if filing            | First Name                                 | Middle Name                  | Last Name                            |   |                                       |
| Uni  | ted States Ba                        | ankruptcy Court for the:                   | Northern                     | District of Illinois                 |   |                                       |
|      | se number<br>nown)                   |  |                              | (State)                              |   |                                       |
| Of   | ficial F                             | Form 106De                                 | <u>C</u>                     |                                      | <u> </u>  | Check if this is an amended filing    |
| De   | clarat                               | ion About a                                | n Individual De              | btor's Sche                          | dules   | 12/1:                                 |
| 1519 | ), and 3571.                         | Below                                      | bankruptcy case can result   |                                      |   | ars, or both. 18 U.S.C. §§ 152, 1341, |
|      | <b>✓</b> No                          |  |                              |                                      |   |                                       |
|      | Yes. N                               | lame of person                             |                              | Attach Bankrupt<br>Signature (Offici | cy Petition Preparer's Notice, Decla<br>al Form 119). | ration, and                           |
| ×    | /s/ Monique Signature of Date 1/18/3 | ue Thompkins f Debtor 1                    | e that I have read the summa | ×                                    | ature of Debtor 2                                     |                                       |
|      | MM/                                  | DD/YYYY                                    |                              |                                      | MM/DD/YYYY  |                                       |

| Fill | in this info             | Case 1               | 6-01445           | Doc 1                | Filed     | 01/18/16                              | Entered 01              | L/18/16 16: | 42:17  | Desc M       | ain   |
|------|--------------------------|----------------------|-------------------|----------------------|-----------|---------------------------------------|-------------------------|-------------|--------|--------------|---|
|      | otor 1                   | Monique              |                   | L                    |           | Thompl                                | kins                    |             |        |              |   |
|      |                          | First Name           | )                 | Middle I             | Name      | Last Na                               |                         | =           |        |              |   |
|      | otor 2<br>ouse, if filir | ng) First Name       | 4                 | Middle I             | Jame      | Last Na                               | ıme                     | -           |        |              |   |
|      |                          |                      |                   |                      | Tarrio    |                                       |                         |             |        |              |   |
|      |                          | Bankruptcy Co        | out for the.      | Northern             |           | District of Illin<br>(St              | ate)                    | -           |        |              |   |
|      | se number<br>nown)       |                      |                   |                      |           |                                       |                         | -           |        |              |   |
| Of   | ficial                   | Form 1               | 07                |                      |           |                                       |                         |             |        |              | Check if this is a amended filing           |
| St   | ateme                    | ent of F             | inancia           | al Affairs           | for       | Individua                             | als Filing              | for Ban     | krupto | V            | 12/1  |
| spac | e is need                | ed, attach a s       | eparate shee      | to this form. On     | the top   |                                       | l pages, write yo       |             |        |              | formation. If more<br>answer every question |
| 1.   | What i                   | s your curren        | t marital stat    | us?                  |           |                                       |                         |             |        |              |   |
|      |                          | arried<br>ot married |                   |                      |           |                                       |                         |             |        |              |   |
| 2.   | During                   | the last 3 year      | ırs, have you     | lived anywhere o     | other tha | an where you live                     | now?                    |             |        |              |   |
|      |                          |                      | places you liv    | ed in the last 3 yea |           | ot include where y                    | ou live now.  Debtor 2: |             |        | Dat<br>the   | es Debtor 2 lived<br>e                      |
|      |                          |                      |                   |                      |           |                                       | Same as                 | Debtor 1    |        | П            | Same as Debtor 1                            |
|      | 159                      | 904 Drexel           |                   |                      |           |                                       | _                       |             |        | _            |   |
|      | Nu                       | imber Street         |                   |                      |           | 4/1/2010                              | Number Str              | eet         |        | Froi         | m   |
|      | -                        |                      |                   |                      | To        | 4/1/2015                              |                         |             |        | To           |   |
|      | So<br>Cit                | uth Holland          | Illinois<br>State | 60473<br>Zip Code    | _         |                                       | City                    | State       | Zip Co | <u></u>      |   |
|      | Oil                      | ·y                   | State             | Zip Code             |           |                                       |                         | Debtor 1    | 210 00 |              | Same as Debtor 1                            |
|      | Nu                       | ımber Street         |                   |                      | From      |                                       | Number Str              | eet         |        | Froi         | n   |
|      | _                        |                      |                   |                      | То        |                                       |                         |             |        | To           |   |
|      | Cit                      | tV                   | State             | Zip Code             | _         |                                       | City                    | State       | Zip Co | de           |   |
| 3.   |                          | -                    | -                 |                      |           | egal equivalent in<br>New Mexico, Pue |                         |             |        | Community pr | operty states and                           |
|      | _                        | Make sure you        | ı fill out Sched  | ule H: Your Codeb    | tors (Of  | ficial Form 106H).                    |                         |             |        |              |   |

Debtor 1 MoniquCase 16-01445 L Doc 1
First Name Middle Name

<u>Filed 01/18/16</u> <u>Entered 01/18/16 /16:42:17 Desc Main</u> Docume Page 41 of 70 Part 2: Explain the Sources of Your Income

|   | Debtor 1  |  | Debtor 2   |   |  |  |
|---|---|--|--|---|--|--|
|   |   |  | Debtor 2   |   |  |  |
|   | Sources of income<br>Check all that apply.                  | Gross income<br>(before deductions and<br>exclusions)            | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)                     |  |  |
| From January 1 of current year until the date you filed for bankruptcy:   | ✓ Wages, commissions, bonuses, tips  ☐ Operating a business | \$1048.69  | Wages, commissions, bonuses, tips Operating a business |   |  |  |
| For last calendar year: (January 1 to December 31,                        | Wages, commissions, bonuses, tips Operating a business      | \$31223.54   | Wages, commissions, bonuses, tips Operating a business |   |  |  |
| For last calendar year: (January 1 to December 31,                        | Wages, commissions, bonuses, tips Operating a business      | \$22000.00   | Wages, commissions, bonuses, tips Operating a business |   |  |  |
| st each source and the gross income from ea  No Yes. Fill in the details. |   | lude income that you listed i                                    |  |   |  |  |
|   | Debtor 1  |  | Debtor 2   |   |  |  |
|   | Sources of income<br>Describe below.                        | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below.                   | Gross income from<br>each source<br>(before deductions and<br>exclusions) |  |  |
| From January 1 of current year until the date you filed for bankruptcy:   | LINK  | \$226.00   |  |   |  |  |
| For last calendar year:   | LINK  | \$3812.00  |  |   |  |  |
| (January 1 to December 31, 2015 ) YYYY                                    |   |  |  | -   |  |  |

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Desc Main
Desc

| Pa | rt 3:    | List Ce            | ertain Pa         | yments Y       | ou Made Before          | You Filed for Bar          | nkruptcy  |                            |  |
|----|----------|--------------------|-------------------|----------------|-------------------------|----------------------------|---|----------------------------|--|
| 6. | Are e    | ither De           | btor 1's o        | Debtor 2's     | debts primarily cor     | sumer debts?               |   |                            |  |
|    | <b>V</b> |                    |                   |                | tor 2 has primarily o   | consumer debts. Cons       | sumer debts are defined in 11   | U.S.C. § 101(8) as "incurr | ed by an individual primarily                        |
|    |          | Duri               | ng the 90 c       | lays before yo | ou filed for bankruptcy | , did you pay any credito  | or a total of \$6,225* or more?   |                            |  |
|    |          | <b>V</b>           | No. Go to         | line 7.        |                         |                            |   |                            |  |
|    |          |                    | total             | amount you     | paid that creditor. Do  | not include payments for   | more in one or more paymer<br>or domestic support obligatio<br>attorney for this bankruptcy o | ns, such as                |  |
|    |          | * Su               | bject to adj      | ustment on 4   | /01/16 and every 3 ye   | ars after that for cases f | iled on or after the date of ad   | justment.                  |  |
|    | □ Y      | es. <b>Deb</b>     | tor 1 or D        | ebtor 2 or b   | oth have primarily      | consumer debts.            |   |                            |  |
|    |          | Duri               | ng the 90 c       | lays before y  | ou filed for bankruptcy | , did you pay any credito  | or a total of \$600 or more?  |                            |  |
|    |          | V                  | No. Go to         | line 7.        |                         |                            |   |                            |  |
|    |          | Ī                  | Yes. List that    | below each c   | not include payments    |                            | ore and the total amount you poligations, such as child suppankruptcy case.                   |                            |  |
|    |          |                    |                   |                |                         | Dates of payment           | Total amount paid   | Amount you still owe       | Was this payment for                                 |
|    |          | Creditor<br>Number | 's Name<br>Street |                |                         |                            |   |                            | Mortgage Car Credit card Loan repayment Suppliers or |
|    |          | City               |                   | State          | Zip Code                | •                          |   |                            | vendors  Other                                       |
|    |          | Creditor           | 's Name           |                |                         |                            |   |                            | ─  |
|    |          | Number             | Street            |                |                         |                            |   |                            | Credit card  |
|    |          |                    |                   |                |                         |                            |   |                            | Loan repayment                                       |
|    |          | City               |                   | State          | Zip Code                |                            |   |                            | Suppliers or vendors                                 |
|    |          |                    |                   |                |                         |                            |   |                            | Other  |
|    |          | Creditor           | 's Name           |                |                         |                            | =   |                            | Mortgage   |
|    |          | Number             | Street            |                |                         |                            |   |                            | Car Credit card                                      |
|    |          |                    |                   |                |                         |                            |   |                            | Loan repayment                                       |
|    |          | <u> </u>           |                   |                |                         |                            |   |                            | Suppliers or   |
|    |          | City               |                   | State          | Zip Code                |                            |   |                            | vendors  |

Moniqu**Case 16-0144**5 ∟Doc 1 Filed 01/11/8/61/6 Entered 01/11/8/61/6 /42:17 Desc Main Debtor 1 Document Page 43 of 70 Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments that benefited an insider. Dates of Total amount paid Amount you still Reason for this payment payment owe Include creditor's name Insider's Name Number Street City State Zip Code Insider's Name Number Street City State Zip Code

Debtor 1 MoniquCase 16-01445 L Doc 1
First Name Middle Name Filed 01/1.8/1.6 Entered 01/1.8/1.6 11.6:42:17 Desc Main

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| ll such matters, includ        |       |          | party in any lawsuit, c<br>ims actions, divorces, c |                     |       |          |            | difications, and contract  |
|--------------------------------|-------|----------|---|---------------------|-------|----------|------------|----------------------------|
| No<br>Yes. Fill in the details |       |          |   |                     |       |          |            |                            |
|                                |       | Nature o | of the case   | Court or agen       | су    |          | Statu      | s of the case              |
| Case title                     |       |          |   |                     |       |          | □Р         | ending                     |
| _                              |       |          |   | Court Name          |       |          | _ <u> </u> | n appeal                   |
| Case number                    |       |          |   | Number Street       |       |          | _ 🔲 c      | oncluded                   |
|                                |       |          |   | City                | State | Zip Code | _          |                            |
| Case title                     |       |          |   | J.I.J               | Ciaio | _ip      | ПР         | ending                     |
|                                |       |          |   | Court Name          |       |          |            | n appeal                   |
| Case number                    |       |          |   | Number Street       |       |          |            | oncluded                   |
| -                              |       |          |   |                     |       |          | _          |                            |
|                                |       |          |   | City                | State | Zip Code |            |                            |
| GMAC MTG<br>Creditor's Name    |       |          | 2015 Chevrolet Cruze  Explain what happer           |                     |       | Date     |            | Value of the property  \$0 |
| Number Street                  |       |          | Explain What happen                                 | icu                 |       |          |            |                            |
| Number Street                  |       |          | ✓ Property was repo                                 | ossessed.           |       |          |            |                            |
| City                           | State | Zip Code | Property was fore                                   |                     |       |          |            |                            |
|                                |       |          | Property was garr                                   |                     |       |          |            |                            |
|                                |       |          | Property was attac                                  |                     | vied. | Date     |            | Value of the               |
|                                |       |          | Describe the proper                                 | ıy                  |       | Date     |            | property                   |
|                                |       |          |   |                     |       |          |            |                            |
| Creditor's Name                |       |          | Evalain what have                                   |                     |       |          |            |                            |
| Number Street                  |       |          | Explain what happer                                 | led                 |       |          |            |                            |
| iadilinei 20e6 <u>f</u>        |       |          | Property was repo                                   | ossessed.           |       |          |            |                            |
| City                           | State | Zip Code | Property was fore                                   |                     |       |          |            |                            |
| •                              |       | •        | Property was garr                                   |                     |       |          |            |                            |
|                                |       |          | Property was attac                                  | ched, seized, or le | vied. |          |            |                            |

| 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?    No   | Debt | or 1     | First Name Middle Name                          |            |                        | <u>ntered</u> wasemonted as<br>ge 45 of 70 | ®₩#∠. <u>I/ Desc</u>      | <u>IVIaIII</u>           |
|--|------|----------|---|------------|------------------------|--|---------------------------|--------------------------|
| Yes, Fill in the details.   Describe the property   Date   Value of the property   | 11.  |          |   | d any cre  | editor, including a b  | •  | n, set off any amounts fi | om your                  |
| Creditor's Name  Number Street  City State Zip Code  Last 4 digits of account number: XXXX-  2ip Code  Last 4 digits of account number: XXXX-  12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-apporeceiver, a custodian, or another official?  No Yes  Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?  No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person?  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift   |      | <b>✓</b> |   |            |                        |  |                           |                          |
| Number   Street   Last 4 digits of account number: XXXX-    2  |      |          |   | D          | escribe the proper     | ty   | Date                      |                          |
| Last 4 digits of account number: XXXX-    Last 4 digits of account number: XXXX-   Last 4 digits of account number: XXXX-    Last 4 digits of account number: XXXX-   No |      |          | Creditor's Name                                 |            |                        |  |                           |                          |
| City   State   Zip Code  |      |          | Number Street                                   | <br>La     | ast 4 digits of accour | ıt number: XXXX-                           |                           |                          |
| receiver, a custodian, or another official?    No  |      |          | ·   |            | -                      |  |                           |                          |
| Part 5: List Certain Gifts and Contributions  13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?    No   |      |          |   | any of yo  | our property in the    | possession of an assigned                  | e for the benefit of cred | itors, a court-appointed |
| 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?    No   |      |          |   |            |                        |  |                           |                          |
| No Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code Person's relationship to you  Person to Whom You Gave the Gift  | Part | 5:       | List Certain Gifts and Contributions            |            |                        |  |                           |                          |
| Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  | 13.  | Wi       | thin 2 years before you filed for bankruptcy, d | id you giv | e any gifts with a t   | otal value of more than \$6                | 00 per person?            |                          |
| Person to Whom You Gave the Gift  Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift   |      | <b>✓</b> |   |            |                        |  |                           |                          |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift   |      |          |   | D          | escribe the gifts      |  | _                         | Value                    |
| Number Street  City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift   |      |          | Person to Whom You Gave the Gift                |            |                        |  |                           |                          |
| City State Zip Code  Person's relationship to you  Person to Whom You Gave the Gift  |      |          | - Closel to Whom lod dave the Clit              |            |                        |  |                           |                          |
| Person's relationship to you   |      |          | Number Street                                   |            |                        |  |                           |                          |
| Person to Whom You Gave the Gift   |      |          |   |            |                        |  |                           |                          |
|  |      |          | Person's relationship to you                    |            |                        |  |                           |                          |
|  |      |          | Person to Whom You Gave the Gift                |            |                        |  |                           |                          |
| Number Street  |      |          | Number Street                                   |            |                        |  |                           |                          |
|  |      |          |   |            |                        |  |                           |                          |
| City State Zip Code  Person's relationship to you  |      |          |   |            |                        |  |                           |                          |
| . 5.555 .5   |      |          |   |            |                        |  |                           |                          |

|          | 1 list Name  | ocument" Page 46 of 70   |                       |                        |
|----------|--|--|-----------------------|------------------------|
| 14. W    |  | u give any gifts or contributions with a total value of mo     | re than \$600 to ar   | ny charity?            |
| <b>√</b> | l No   |  |                       |                        |
| ř        | Yes. Fill in the details for each gift or contribution.  |  |                       |                        |
| _        | Gifts with a total value of more than \$600              | Describe the gifts   | Dates you             | Value                  |
|          | per person   | Describe the girts   | gave the gifts        | value                  |
|          |  |  |                       |                        |
|          | Charity's Name   | _  |                       |                        |
|          | Chanty s Name  |  |                       |                        |
|          |  | _  |                       |                        |
|          | Number Street  | -  |                       |                        |
|          |  |  |                       |                        |
|          | City State Zip Code                                      |  |                       |                        |
|          | List Contain Langua                                      |  |                       |                        |
| Part 6:  | List Certain Losses                                      |  |                       |                        |
| 15. Wi   | thin 1 year before you filed for bankruptcy or since     | you filed for bankruptcy, did you lose anything because        | of theft, fire, other | r disaster, or         |
|          | mbling?  |  | , ,                   | •                      |
|          | No   |  |                       |                        |
|          | No Yes. Fill in the details.                             |  |                       |                        |
| ш        |  |  |                       |                        |
|          | Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss                   | Date of your<br>loss  | Value of property lost |
|          | now the loss occurred                                    | Include the amount that insurance has paid. List pending       | 1055                  |                        |
|          |  | insurance claims on line 33 of Schedule A/B: Property.         |                       |                        |
|          |  |  |                       |                        |
|          |  |  |                       |                        |
| Dont 7   | List Certain Payments or Transfers                       |  |                       |                        |
|          | No   | dit counseling agencies for services required in your bankrupt | oy.                   |                        |
| ✓        | Yes. Fill in the details.                                |  |                       |                        |
|          |  | Description and value of any property transferred              | Date payment          | Amount of payment      |
|          |  |  | or transfer           |                        |
|          | The Commed Law Firm                                      | - 350.00   | was made<br>1/18/2016 | Ф2E0 00                |
|          | The Semrad Law Firm Person Who Was Paid                  | _   -350.00  | 1/16/2016             | \$350.00               |
|          | 20 S. Clark # 28   |  |                       |                        |
|          | Number Street  |  |                       |                        |
|          |  | _  |                       |                        |
|          | Chicago Illinois 60603                                   |  |                       |                        |
|          | City State Zip Code                                      | _  |                       |                        |
|          | =  | _  |                       |                        |
|          | Email or website address                                 |  |                       |                        |
|          | Person Who Made the Payment, if Not You                  | -  |                       |                        |
|          |  |  | 1                     |                        |
|          | Person Who Was Paid                                      | _  | -                     |                        |
|          | 1 GISOTI WITO WAS I AIU                                  |  |                       |                        |
|          | Number Street  | _  |                       |                        |
|          |  | _  |                       |                        |
|          |  |  |                       |                        |
|          | City State Zip Code                                      | -  |                       |                        |
|          | Email or website address                                 | _  |                       |                        |
|          | Email or website address                                 |  |                       |                        |
|          | Person Who Made the Payment, if Not You                  | _  |                       |                        |
|          | <u> </u>   |  |                       |                        |

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| Deb | tor 1          | Moniqu€ase 16-01445 First Name  | L Doc 1 Filed Middle Name Do                 |                                  | <u>Entered</u> @1√1/8<br>Page 47 of 70 | 116 (16.42)      | 17 Desc                                 | Main      |                        |
|-----|----------------|---|--|----------------------------------|--|------------------|---|-----------|------------------------|
| 17. | you            | nin 1 year before you filed for bar<br>deal with your creditors or to ma<br>ot include any payment or transfer the  | ike payments to your                         | creditors?                       | ng on your behalf pay o                | r transfer any p | roperty to anyor                        | ne who p  | promised to help       |
|     | <b>✓</b>       | No<br>Yes. Fill in the details.   |  |                                  |  |                  |   |           |                        |
|     |                |   |  | Description and                  | value of any property                  | ransferred       | Date payment<br>or transfer<br>was made | Amoui     | nt of payment          |
|     |                | Person Who Was Paid   |  |                                  |  |                  |   |           |                        |
|     |                | Number Street   |  |                                  |  |                  |   |           |                        |
|     |                | City State  | Zip Code                                     |                                  |  |                  |   |           |                        |
|     | Inclu<br>trans | nin 2 years before you filed for be<br>nary course of your business or<br>de both outright transfers and trans<br>fers that you have already listed on<br>No<br>Yes. Fill in the details. | financial affairs?<br>sfers made as security |                                  |  |                  |   | -         |                        |
|     |                |   |  | Description and property transfe |  |                  | property or paym<br>bts paid in exch    |           | Date transfer was made |
|     |                | Person Who Was Paid   |  |                                  |  |                  |   |           |                        |
|     |                | Number Street   |  |                                  |  |                  |   |           |                        |
|     |                | City State<br>Person's relationship to you  | Zip Code                                     |                                  |  |                  |   |           |                        |
|     |                | Person Who Was Paid   |  |                                  |  |                  |   |           |                        |
|     |                | Number Street   |  |                                  |  |                  |   |           |                        |
|     |                | City State<br>Person's relationship to you  | Zip Code                                     |                                  |  |                  |   |           |                        |
| 19. |                | nin 10 years before you filed for I<br>se are often called asset-protection   |  | ransfer any prop                 | erty to a self-settled tru             | st or similar de | vice of which yo                        | u are a k | peneficiary?           |
|     | <b>V</b>       | No  |  |                                  |  |                  |   |           |                        |
|     | Ц              | Yes. Fill in the details.   |  | Description and                  | d value of the property                | transferred      |   |           | Date transfer was made |
|     |                | Name of trust   |  |                                  |  |                  |   |           |                        |
|     |                |   |  |                                  |  |                  |   |           |                        |
|     |                |   |  |                                  |  |                  |   |           |                        |

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First Name Middle Name Filed 01/128/42/6

| Part | 8: I                               | _ist Certain Fina   | ancial Acco                        |                         | ents, Safe Deposit Boxes,   |                    | rage Units           |   |   |
|------|------------------------------------|---------------------|------------------------------------|-------------------------|---|--------------------|----------------------|---|---|
| 20.  | or tra                             | ansferred?          | s, money marke<br>s, and other fin | t, or other financial a | financial accounts or instrumer<br>accounts; certificates of deposit; sha |                    |                      |   |   |
|      |                                    |                     |                                    |                         | Last 4 digits of account number   | Type of a instrume | ccount or<br>nt      | Date account<br>was closed,<br>sold, moved,<br>or transferred | Last balance<br>before closing<br>or transfer |
|      | Person Who Was Paid  Number Street |                     |                                    |                         | XXXX-   | Checking Savings   |                      |   |   |
|      |                                    | Number Street  City | State                              | Zip Code                |   | Broke              | 3                    |   |   |
|      |                                    | Person Who Was Pa   |                                    | Zip Code                | XXXX-   | Chec Savin         | king                 |   |   |
|      |                                    | Number Street       |                                    |                         |   | Mone Broke         | ey market<br>erage   |   |   |
|      |                                    | City                | State                              | Zip Code                |   | Other              |                      |   |   |
| 21.  |                                    |                     |                                    |                         |   | ·                  | ·                    |   |   |
|      |                                    |                     |                                    | W                       | ho else had access to it?   |                    | Describe the content | s   | Do you still have it?                         |
|      |                                    | Name of Financial I | nstitution                         | Na                      | ame   |                    |                      |   | ☐ No  |

| City             | State             | Zip Code           | City             | State           | Zip Code           |                          |              |
|------------------|-------------------|--------------------|------------------|-----------------|--------------------|--------------------------|--------------|
| Have you stored  | property in a sto | orage unit or plac | ce other than yo | our home with   | in 1 year before y | ou filed for bankruptcy? |              |
| <b>✓</b> No      |                   |                    |                  |                 |                    |                          |              |
| Yes. Fill in the | e details.        |                    |                  |                 |                    |                          |              |
|                  |                   |                    | Who else ha      | ad access to it | ?                  | Describe the contents    | Do you still |

Street

Number

|             |               |          | Who else | had access to it | 1?       | Describe the contents | Do you still have it? |
|-------------|---------------|----------|----------|------------------|----------|-----------------------|-----------------------|
| Name of Sto | rage Facility |          | Name     |                  |          | -                     | □ No                  |
| Number Str  | Number Street |          |          | Street           |          | -                     | Yes                   |
| City        | State         | Zip Code | City     | State            | Zip Code | -                     |                       |

Number Street

22.

| Port ( | ٥. ا   | Identify Proper   | rty Van Ha  | Middle Name  | Docum  | •  | ge 49 of 70   |  |                  |
|--------|--------|---|---|--|--|--|---|--|------------------|
| Part : | Do y   |   | ol any proper   |  |  |  | perty you borro   | owed from, are storing for, or hold in tru | ıst for someone. |
|        | ш      | res. I iii iii tire dete  |   |  | Where is the   | he property?   |   | Describe the contents                      | Value            |
|        |        | O and Name  |   |  | Nl Ot  |  |   | _  |                  |
|        |        | Owner's Name  |   |  | Number Str   | reet   |   |  |                  |
|        |        | Number Street   |   |  | City   | State  | Zip Code  | -  |                  |
|        |        | City  | State   | Zip Code   | _  |  |   |  |                  |
| Part   | 10:    | Give Details A  | About Envi  | ronmental In   | formation  |  |   |  |                  |
| For t  | he pu  | urpose of Part 10, th   | ne following de   | efinitions apply:  |  |  |   |  |                  |
| Rep    | ha ind | azardous or toxic su<br>cluding statutes or r<br>ite means any locati<br>used to own, opera<br>azardous material m<br>xic substance, haza<br>I notices, releases, a | abstances, was<br>regulations co<br>son, facility, or pate, or utilize in<br>means anything<br>ardous materia<br>and proceeding | stes, or material in<br>introlling the clear<br>property as define<br>in including disposi<br>g an environmental, pollutant, conta<br>gs that you know | nto the air, land<br>nup of these sund<br>ad under any er<br>sal sites.<br>al law defines a<br>aminant, or sim<br>about, regardl | d, soil, surface was<br>ubstances, waste<br>nvironmental law,<br>as a hazardous wailar term.<br>ess of when they<br>or potentially lia | ater, groundwater, groundwater, se, or material.  whether you now raste, hazardous se occurred. | own, operate, or utilize it                | Date of notice   |
|        |        | Name of site  |   |  | Governmen  | tal unit   |   | -  |                  |
|        |        | Number Street   |   |  | Number Str   | reet   |   | -  |                  |
|        |        | City  | State   | Zip Code   | City   | State  | Zip Code  | _  |                  |
| 25.    |        | e you notified any<br>No<br>Yes. Fill in the deta   |   | al unit of any re  | elease of haza   | rdous material   | ?   |  |                  |
|        |        |   |   |  | Governme   | ntal unit  |   | Environmental law, if you know it          | Date of notice   |
|        |        | Name of site  |   |  | Governmen  | tal unit   |   | -  |                  |
|        |        | Number Street   |   |  | Number Str   | reet   |   | -  |                  |
|        |        | City  | State   | Zip Code   | City   | State  | Zip Code  | -  |                  |

Debtor 1 MoniquCase 16-01445 ∟ Doc 1 Filed 01/11/86/11/6 Entered 01/41/86/11/6 (11/6)/42:17 Desc Main

| Debt | or 1     | MoniquCase 16-014 First Name                                   | Middle Name            | Filed 01/18/16  <br>Document P                                     | Entered @1/41/8<br>age 50 of 70 | h16/46i42: <u>17</u>  | Desc Main   |
|------|----------|--|------------------------|--|---------------------------------|-----------------------|---|
| 26.  | Hav      | e you been a party in any                                      | judicial or administra | ative proceeding under an  | y environmental law             | ? Include settlements | and orders.   |
|      | <b>✓</b> | No   |                        |  |                                 |                       |   |
|      | П        | Yes. Fill in the details.                                      |                        | Court or agency  |                                 | Nature of the case    | Status of the   |
|      |          |  |                        | Court of agency  |                                 | Nature of the case    | case  |
|      |          | Case title   |                        |  |                                 |                       | Pending   |
|      |          |  |                        | Court Name   |                                 |                       | On appeal   |
|      |          |  |                        | Number Street  |                                 |                       | Concluded   |
|      |          | Case number  |                        | City State   | Zip Code                        |                       | -   |
| Part | 11:      | Give Details About Y   | our Business or        | Connections to Any   | Business                        |                       |   |
| 27.  | \A/i+I   | nin 4 years before you file                                    |                        |  |                                 | ing connections to an | v husinoss?   |
| 21.  | vviu     | _  |                        |  | -                               |                       | y business:   |
|      |          |  |                        | profession, or other activity,<br>) or limited liability partnersh | ·                               | ·time                 |   |
|      |          | A partner in a partners  | hip                    |  | . ,                             |                       |   |
|      |          | An officer, director, or r                                     |                        | a corporation y securities of a corporation                        |                                 |                       |   |
|      |          | _  |                        | y securities of a corporation                                      |                                 |                       |   |
|      | 悄        | No. None of the above appli<br>Yes. Check all that apply about |                        | s below for each business.   |                                 |                       |   |
|      | _        |  |                        | Describe the natu  | re of the business              |                       | entification number Do not                              |
|      |          |  |                        |  |                                 | EIN:                  | al Security number or ITIN.                             |
|      |          | Business Name  |                        |  |                                 | LIIV.                 |   |
|      |          | Number Street  |                        | Name of accounta   | nt or bookkooner                | Dates busine          | ess existed   |
|      |          | City State   | e Zip Code             | ——   | III OI DOOKKEEPEI               | From                  | То  |
|      |          | City State   | zip Code               |  |                                 | 1.76                  |   |
|      |          |  |                        |  |                                 |                       |   |
|      |          |  |                        | Describe the natu  | re of the business              |                       | entification number Do not all Security number or ITIN. |
|      |          | Business Name  |                        |  |                                 | EIN:                  |   |
|      |          |  |                        |  |                                 | Data di Laccina       |   |
|      |          | Number Street  |                        | Name of accounta   | nt or bookkeeper                | Dates busine          | existed   |
|      |          | City State   | e Zip Code             |  |                                 | From                  | To  |
|      |          |  |                        |  |                                 |                       |   |
|      |          |  |                        | Describe the natu  | re of the business              |                       | entification number Do not                              |
|      |          |  |                        |  |                                 |                       | al Security number or ITIN.                             |
|      |          | Business Name  |                        |  |                                 | EIN:                  |   |
|      |          | Number Street  |                        | Name of a control  | mt an haal I aan a              | Dates busine          | ess existed   |
|      |          | -  |                        | Name of accounta   | nt or bookkeeper                | From                  | To  |
|      |          | City State   | e Zip Code             |  |                                 | From                  | То  |
|      |          |  |                        |  |                                 |                       |   |
|      |          |  |                        |  |                                 |                       |   |

| Debtor ' |   | ed 01 <u>/1.861.6。 Entered </u> 01/1.8/1.6/1.6/42: <u>17 Desc Main</u><br>Pocument Page 51 of 70  |
|----------|---|---|
|          |   | give a financial statement to anyone about your business? Include all financial institutions,   |
| <u> </u> | No Yes. Fill in the details below.                                |   |
| _        | •   | Date issued   |
|          | Name  | MM/DD/YYYY  |
|          | Number Street   | <del>_</del>  |
|          | City State Zip Code   | _   |
| Part 12  | : Sign Below  |   |
| and      | I correct. I understand that making a false statement,            | Affairs and any attachments, and I declare under penalty of perjury that the answers are true s, concealing property, or obtaining money or property by fraud in connection with a aprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|          | Signature of Debtor 1   | Signature of Debtor 2   |
|          | Date 1/18/2016  | Date  |
| Did      | you attach additional pages to Your Statement of Fin<br>No<br>Yes | inancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| Did      | you pay or agree to pay someone who is not an attor               | rney to help you fill out bankruptcy forms?   |
| <b>✓</b> | No  |   |
|          | Yes. Name of person   | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

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#### **UNITED STATES BANKRUPTCY COURT**

#### **Northern District of Illinois**

| n re | Monique Thompkins   |                                       | Case No.   |   |
|------|---|---------------------------------------|--|---|
| _    | Debtor  |                                       |  | (If known)                                    |
|      |   |                                       | Chapter  | Chapter 13                                    |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr   | . P. 2016(b), I certify that I am the | ON OF ATTORNEY FOR attorney for the abovenamed debtor(s) and                                 | I that compensation paid to me within one     |
|      | year before the filing of the petition in bankrupto<br>in connection w ith the bankruptcy case is as fo                         |                                       | or services rendered or to be rendered on be   | ehalf of the debtor(s) in contemplation of or |
|      | For legal services, I have agreed to accept   |                                       |  | \$4,000.00                                    |
|      | Prior to the filing of this statement I have receive  | ved                                   |  | \$350.00                                      |
|      | Balance Due   |                                       |  | \$3,650.00                                    |
| 2.   | The source of the compensation paid to me was   | S: Other (specify)                    |  |   |
| 3.   | The source of the compensation paid to me is:  Debtor   | Other (specify)                       |  |   |
| 4.   | I have not agreed to share the above-discle members and associates of my law firm.  | losed compensation with any oth       | ner person unless they are   |   |
|      | I have agreed to share the above-disclose members or associates of my law firm. A of the people sharing in the compensation, is | copy of the agreement, together       | rson or persons who are not with a list of the names of                                      |   |
| 5.   | . In return for the above-disclosed fee, I have ag a. Analysis of the debtor's financial situation                              |                                       | all aspects of the bankruptcy case, including edebtor in determining whether to file a petit |   |
|      | b. Preparation and filing of any petition, s  | schedules, statements of affairs      | and plan which may be required;  |   |
|      | c. Representation of the debtor at the m  | eeting of creditors and confirmat     | tion hearing, and any adjourned hearings th  | ereof;  |
|      | d. Representation of the debtor in advers   | sary proceedings and other conte      | ested bankruptcy matters;  |   |
| 6.   | . By agreement with the debtor(s), the above-dis  | sclosed fee does not include the      | following services:  |   |
|      |   | CERTIFI                               | CATION   |   |
|      | I certify that the foregoing is a complete statemen eedings.  | nt of any agreement or arrangem       | ent for payment to me for representation of  | the debtor(s) in this bankruptcy              |
|      | 1/18/2016   |                                       | /s/ Brenda Likavec 27224-64  |   |
|      | Date  |                                       | Signature of Attorney  |   |
|      |   |                                       | Semrad Law Firm  |   |
|      | _   |                                       | Name of law firm   |   |

## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

### RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/15)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.

- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

### C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate

tasks and functions for the attorney amd support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.

- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$ 310.00
- 3. Before signing this agreement, the attorney has received, \$ 350.00 toward the flat fee, leaving a balance due of \$ 3650.00 ; and \$ 72.00 for expenses, leaving a balance due for the filing fee of \$ 310.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: 1/18/16                           |                            |
|---|----------------------------|
| Signed:                                 |                            |
| M. Thomphis                             |                            |
|   | 1010m Ille                 |
| Debtor(s)                               | Attorney for the Debtor(s) |
| Do not sign this agreement if the amoun | ts are blank.              |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### Chapter 7: Liquidation

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

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- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the Means Test —deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

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your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$310 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$235 | filing fee         |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

# Case 16-01445 Doc 1 Filed 01/18/16 Entered 01/18/16 16:42:17 Desc Main UNITED STATES BANKBURG OF POURT Northern District of Illinois

| In re: | Thompkins, Monique L  Debtor(s)                  | Case No                              |  |    |  |  |  |  |
|--------|--|--------------------------------------|--|----|--|--|--|--|
|        |  | Chapter.                             | Chapter13                                |    |  |  |  |  |
|        | VERIFICATION OF CREDITOR MATRIX                  |                                      |  |    |  |  |  |  |
|        | The above named Debtors hereby verify that the a | ttached list of creditors is true ar | d correct to the best of their knowledge | e. |  |  |  |  |
|        |  |                                      |  |    |  |  |  |  |
| Date:  | 1/18/2016  | /s/ Thompkins, Moni                  | <u>'</u>                                 |    |  |  |  |  |
|        |  | Thompkins Monique                    |  |    |  |  |  |  |

Signature of Debtor

GM Financial Case 16-01445 Doc 1 Filed 01/18/16 Entered 01/18/16 16:42:17 Desc Main PO 183834 Document Page 64 of 70 Arlington, 76096

US DEPT OF ED/GLELSI 2401 INTERNATIONAL LN MADISON, 53704

Navient 1002 ARTHUR DR LYNN HAVEN, 32444

VERIZON WIRELESS PO BOX 4002 Acworth, 30101

Navient 1002 ARTHUR DR LYNN HAVEN, 32444

Navient 1002 ARTHUR DR LYNN HAVEN, 32444

AES/NCT PO BOX 61047 HARRISBURG, 17106

CAPITAL ONE BANK USA N PO BOX 85520 RICHMOND, 23285

Capital One Po Box 30281 Salt Lake City, 84130

MCSI INC PO BOX 327 PALOS HEIGHTS, 60463

MCSI INC PO BOX 327 PALOS HEIGHTS, 60463

MCSI INC PO BOX 327 PALOS HEIGHTS, 60463

City of Chicago Parking 121 N. LaSalle St # 107A Chicago, 60602

Village of Sauk Village 21801 Torrence Ave Sauk Village, 60411

Speedy Cash 1931 N. Mannheim Rd Melrose Park, 60160

ComEd 3 Lincoln Center Bankruptcy Section

Oakbrook Terrace: 60181
CaSe 16-01445 Doc 1 Filed 01/18/16 Entered 01/18/16 16:42:17 Desc Main
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Nicor Gas 90 N. Finley Road Glen Ellyn, 60137

MoniquCase 16-01445 ∟Doc 1 Filed 01/18/16 Entered 01/18/16/16:42:17 Page 66 of 70 Document Member 1 Answer These Questions for Reporting Purposes 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) 16. What kind of debts as "incurred by an individual primarily for a personal, family, or household purpose." do you have? No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts. 17. Are you filing under No. I am not filing under Chapter 7. Go to line 18. Chapter 7? Do you estimate that Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are after any exempt paid that funds will be available to distribute to unsecured creditors? property is excluded ☐ No. and administrative ☐ Yes. expenses are paid that funds will be available for distribution to unsecured creditors? **✓** 1-49 1,000-5,000 25,001-50,000 18. How many creditors 50-99 5,001-10,000 50,001-100,000 do you estimate that you owe? 100-199 10,001-25,000 More than 100,000 200-999 \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 19. How much do you \$50,001-\$100,000 estimate your assets \$10,000,001-\$50 million \$1,000,000,001-\$10 billion \$100,001-\$500,000 to be worth? \$50,000,001-\$100 million \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion 20. How much do you \$50,001-\$100,000 \$10,000,001-\$50 million estimate your \$1,000,000,001-\$10 billion \$100,001-\$500,000 \$50,000,001-\$100 million liabilities to be? \$10,000,000,001-\$50 billion \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion Part 7: Sign Below I have examined this petition, and I declare under penalty of perjury that the information provided is true For you and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Monique Thompkins Signature of Debtor 1 Signature of Debtor 2 Executed on \_\_\_1/18/2016 Executed on MM / DD / YYYY MM / DD / YYYY

|                               | Case 16-0144   | 5 Doc 1 Filed 01   | /18/16 Entered   | d 01/18/16 16:42:17  | Desc Main  |
|-------------------------------|--|--|--|--|--|
| Fill in this info             | rmation to identify your cas   |  | -710/10 Entoro   | 9 0 1 7 1 0 1 0 1 0 1 1 2 1 1 1  | Dood Main  |
| Debtor 1                      | Monique  | L  | Thompkins  |  |  |
|                               | First Name   | Middle Name  | Last Name  |  |  |
| Debtor 2<br>(Spouse, if filir | ng) First Name   | Middle Name  | Last Name  |  |  |
|                               |  |  |  |  |  |
| Officed States                | Bankruptcy Court for the:  | Northern   | District of Illinois (State)   |  |  |
| Case number (If known)        |  |  | (  |  |  |
|                               | Form 106De   | <u>C</u>   |  |  | Check if this is a amended filing  |
| Declara                       | tion About a   | n Individual Del   | otor's Schedu  | ules   | 12/1   |
| f two married                 | people are filing togethe  | r, both are equally responsib  | le for supplying correct   | information.   |  |
|                               | n Below<br>pay or agree to pay some  | one who is NOT an attorney t   | o help you fill out bankru   | uptcy forms?   |  |
| Yes.                          | Name of person   |  | Attach Bankruptcy F<br>Signature (Official F   | Petition Preparer's Notice, Declara<br>orm 119).   | ntion, and   |
| that they                     | are true and correct.<br>ue Thompkins  | that I have read the summary   | <b>*</b>   |  |  |
| Signature of                  | ot Debtor 1  |  | Signature  | of Debtor 2  |  |
| Date <u>1/18/</u>             | /2016<br>/DD/YYYY  |  | Date M   | M/DD/YYYY  |  |
|                               | The second secon | and the control of the state of | STATE OF STA | and the state of t | and the second of the entire contract of the second of |

| Debtor 1 Monique Case 16-01445 L Doc 1 First Name Middle Name   |                                | ntered 01/18/16, 16, 42:17   | Desc Main                        |
|---|--------------------------------|--|----------------------------------|
| Within 2 years before you filed for bankruptcy, did y<br>creditors, or other parties.   | ou give a financial stateme    | nt to anyone about your business? Inc                                | lude all financial institutions, |
| ✓ No  Yes. Fill in the details below.   |                                |  |                                  |
|   | Date issued                    |  |                                  |
| Name  | MM/DD/YYYY                     |  |                                  |
| Number Street   |                                |  |                                  |
| City State Zip Code   |                                |  |                                  |
| Part 12: Sign Below   |                                |  |                                  |
| and correct. I understand that making a false statement bankruptcy case can result in fines up to \$250,000, or /s/ Monique Thompkins |                                |  |                                  |
| Signature of Debtor 1   | <u> </u>                       | Signature of Debtor 2  |                                  |
| Date 1/18/2016  |                                | Date   |                                  |
| Did you attach additional pages to Your Statement of  | f Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Fo                             | orm 107)?                        |
| ✓ No  |                                |  |                                  |
| Yes   |                                |  |                                  |
| Did you pay or agree to pay someone who is not an a   | ttorney to help you fill out b | ankruptcy forms?   |                                  |
| ☑ No  |                                |  |                                  |
| Yes. Name of person   |                                | Attach the Bankruptcy Petition I<br>Declaration, and Signature (Offi | •                                |

| Deb  | tor 1 | Monique Case 16-01445 LDoc 1 Filed 01/12/16 Entered 01/12/16/16 (16:42:17 Desc Mail First Name Documentum Page 69 of 70   | 1            |  |  |
|--|-------|---|--------------|--|--|
| 16.  | Cal   | lculate the median family income that applies to you. Follow these steps:   |              |  |  |
|  |       | a. Fill in the state in which you live.   |              |  |  |
|  |       | Fill in the number of people in your household.   |              |  |  |
|  |       | Fill in the median family income for your state and size of household   | \$103,018.00 |  |  |
|  | 100   | To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  |              |  |  |
| 17.  | Ho    | w do the lines compare?   |              |  |  |
|  | 17a   | Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Disposable Income (Official Form 122C-2).  |              |  |  |
|  | 17b   | 17b. q Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. |              |  |  |
| Part   | 3:    | Calculate Your Commitment Period Under 11 U.S.C. §1325(b)(4)  |              |  |  |
| 18.  | Cop   | by your total average monthly income from line 11.  | \$3,106.83   |  |  |
| 19.  |       | duct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the mitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.  |              |  |  |
|  | 19a   | . If the marital adjustment does not apply, fill in 0 on line 19a.  | -\$0.00      |  |  |
|  | 19b.  | Subtract line 19a from line 18.   | \$3,106.83   |  |  |
| 20.  | Cal   | culate your current monthly income for the year. Follow these steps:  |              |  |  |
|  | 20a.  | . Copy line 19b.  | \$3,106.83   |  |  |
|  |       | Multiply by 12 (the number of months in a year).  | x 12         |  |  |
|  | 20b.  | The result is your current monthly income for the year for this part of the form.   | \$37,281.96  |  |  |
|  | 20c.  | Copy the median family income for your state and size of household from line 16c.   | \$103,018.00 |  |  |
| 21.  | Hov   | v do the lines compare?   |              |  |  |
|  |       | Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4.  |              |  |  |
| Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, <i>The commitment period is 5 years</i> . Go to Part 4. |       |   |              |  |  |
| art  | 4: 3  | Sign Below  |              |  |  |
| By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.   |       |   |              |  |  |
|  |       | * _/s/ Monique Thompkins M. Ohmpi *   | 3            |  |  |
|  |       | Signature of Debtor 1 Signature of Debtor 2   | ,            |  |  |
|  |       | Date 1/18/2016  |              |  |  |
|  |       | MM/DD/YYYY  | 2            |  |  |
|  |       | If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.   | 2000         |  |  |

# Case 16-01445 Doc 1 Filed 01/18/16 Entered 01/18/16 16:42:17 Desc Main UNITED STATES BANKEY FOOT COURT Northern District of Illinois

| In re: | Thompkins, Monique L   | Case No                                  |  |  |
|--------|--|--|--|--|
| _      | Debtor(s)  | Odd No.                                  |  |  |
|        |  | Chapter. Chapter13                       |  |  |
|        | VERIFICATION OF CREDITOR MATRIX  |  |  |  |
|        | The above named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowled |  |  |  |
| Date:  | 1/18/2016  | /s/ Thompkins, Monique L. M. Dhomp L.    |  |  |
|        |  | Thompkins, Monique L Signature of Debtor |  |  |